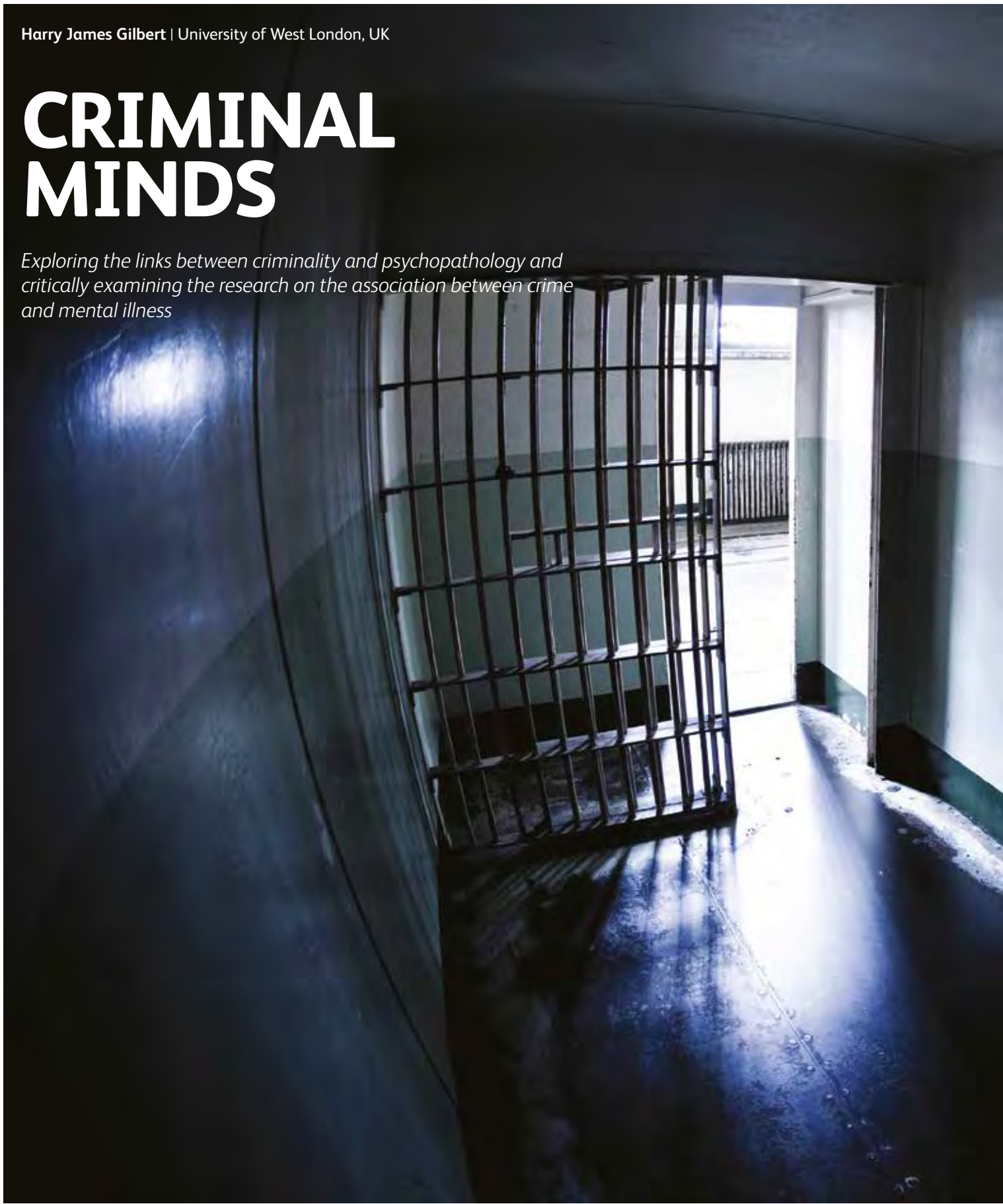


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# CRIMINAL MINDS

*Exploring the links between criminality and psychopathology and critically examining the research on the association between crime and mental illness*





Research has suggested one prevailing commonality between mental illness and crime, and that is there is an associative correlation between the two. This association between mental illness and crime has been found in prison figures, reoffending rates, and across criminal offences. However, despite the considerable body of research, there is still no precise understanding of the relationship between mental illness and offending. Recent findings suggest that mental illness is rising amongst prison populations, so it is important to expand empirical understanding of the relationship between offending and mental health. This article aims to critically examine some of the main empirical findings on the relationship between mental illness and offending.

#### Defining mental illness

To start with, it is important to define mental illness. Mental illnesses are cognitive conditions that cause harmful dysfunction to oneself, society, or both (Schug & Fradella, 2015). This definition is based on Wakefield's (1992) work which suggests that mental illnesses should be defined as conditions that cause dysfunction in terms of failure of biological or psychological mechanisms to operate as usual. Wakefield added that for a condition to be defined as a mental illness there must be harmful consequences produced from the dysfunctional condition to either the individual or society. However, Wakefield's definition is flawed by a lack of clarity. For example, it is unclear how much harm does a mood disruptive behaviour need to cause for that behaviour to become a disorder. This subjectivity determining if psychopathological conditions are present is a significant issue for mental health professionals and increases the possibility of improper diagnoses. Despite this, the definition 'harmful dysfunction' manages to capture both the observable impairment, and the subjective harm, that is normally associated with mental illness.

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#### Prevalence of mental illness and crime

Fazel and Seewald's (2012) multi-national meta-analytic review investigated the prevalence of mental illness in prison populations and found prisoners had a significantly higher risk of having psychiatric illnesses compared to the US and UK general populations, and particularly higher rates of major depressive disorder and antisocial personality disorder. Notably Fazel and Seewald's findings have significant validity as they only integrated studies into their meta-analysis that measured mental illness using validated diagnostic instruments, decreasing the chance of incorrect diagnoses, and studies which had random prison samples, mitigating potential confounding sampling biases. Furthermore, in UK offender populations higher rates of mental illness have been found in female offenders, older offenders and ethnic minority offenders (Brooker *et al*, 2002). It has been suggested that female offenders overrepresent mental illness relative to male offenders because criminality contradicts feminine gendered behaviour, which in turn affects the increased likelihood of psychiatric diagnosing (Weare, 2013).

### Linking criminality and psychopathology

If mental illness rates are higher among offenders relative to the general population, the question remains why. Historically major shifts in public policy in the 1950's led to mass deinstitutionalisation of psychiatric hospitals, gradually moving psychiatric patients from hospitals to the community (Torrey, Kennard, Eslinger, Lamb, & Pavle, 2010). Though this novel policy shift was intentionally humanitarian, it later led to mass inadequate care of individuals with severe mental illnesses, ultimately resulting in what Torrey *et al* described as the "mass criminalization of the mentally ill" who estimated approximately half of individuals discharged from the deinstitutionalisation process ended up in US jails.

Abracen *et al* (2014), found that parolees with psychiatric conditions have significantly higher reoffending rates relative to parolees without a diagnosed mental illness. They argued that the reason for higher reoffending rates among mentally ill individuals outside of prison is predominantly due to lack of coordination between the criminal justice and mental health systems. This causes individuals receiving mental health care inside prisons to suddenly receive little to no care after their release, which can often result in decompensation and eventually reincarceration.

The research on the relationship between mental illness in offender populations and violent offending suggests there is a small but significant causal relationship. For instance, Silver, Felson and Vaneseltine (2008) investigated the relationship between mental illness and violence in a prison population, controlled for associative demographics, substance abuse, and prior criminality variables, and found a significant causal association. Additionally, Felson, Silver and Remster (2012) found psychosis and major depression conditions significantly increased the likelihood of committing violent offences to other prisoners and/or staff, possibly due to the psychopathological effects on cognition and emotional regulation.

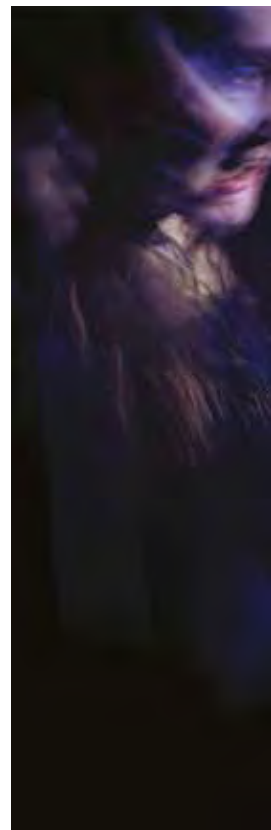
Research has also suggested certain mental illnesses have a larger impact on offender violence, particularly psychotic illnesses such as schizophrenia. Hoptman *et al* (2009) found neurological evidence suggesting individuals with psychotic conditions had a dysfunctional prefrontal cortex and amygdala regions compared to healthy controls, suggesting that these brain regions relate to emotional control and their malfunction can lead to reduced ability to control emotional impulses. Notably, reduced emotional control and frontal lobe dysfunction has been found to correlate with criminal aggression and violence. Additionally, Felson *et al* (2012) found that psychotic illnesses increase the likelihood of offenders acting violently because delusional beliefs affect cognitive rationality and increase hostility biases. For instance, when individuals believe they are under threat (whether they are or are not), they are more likely to engage in aggressive behaviours.

### Confounding Factors

The high prevalence of co-occurring substance abuse is a significant confounding factor affecting the understanding of the relationship between mental illness and offending (Drake & Bond, 2010). Between 50% and 70% of US prisoners have co-occurring substance abuse and mental health problems. Co-occurring substance abuse and mental illness is significant because research has suggested that this dual diagnosis exacerbates psychopathological symptoms, decreases likelihood of complying with psychotic medication, and reduces impulse control. Thus, it is likely that substance abuse has an interactional effect with mental illness and offending. But what remains unclear is whether mental illness or substance abuse (when co-occurring) is the more significant predictor of criminality. For example, Fazel *et al*'s (2009), meta-analysis found that psychotic conditions are significantly associated with the risk of violent offending. Yet Fazel *et al* also noted the same levels of risk of violence were found in prisoners with just substance abuse issues, suggesting additional risk found in psychotic offenders is generally mediated by substance abuse, though this finding might be explained by undiagnosed mental health issues.



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### The question of causality

Does mental illness cause offending, or does the criminal justice processes cause mental illness? The likely answer is both factors play an interlinking causal role. For example, neurological evidence suggests that stress plays a major role in the susceptibility of developing mental disorders and enhancing psychopathological symptoms (Esch, Stefano, Fricchione & Benson, 2002). Schnittker and John, (2007) found evidence suggesting the incarceration process increases stress levels significantly. Both Esch *et al.*, (2002) and Schnittker & John (2007)'s combined findings suggest that for individuals who have committed a crime, the criminal justice system enhances the probability of developing mental disorders and increases psychotic symptoms. Silver, Felson, & Vaneseltine (2008) suggest psychotic conditions within a prison environment increase the likelihood of violent offending. Thus, it is likely both mental illness and offending factors seem to interact with each other and inflate criminogenic factors (elements that cause or likely increase criminal behaviour). For example, mental disorders have been found to increase the likelihood of living in socially and economically deprecated areas, and those areas have been linked to higher probability of committing crime (Sirotych, 2008). Therefore, offending and mental illness factors are likely to interact and enhance the likelihood of each other's occurrence.

### Conclusion

The relationship between mental illness and offenders is multi-layered and complex. The high prevalence of confounding factors has made it difficult to isolate the effect mental disorders may have on offending and subsequently blurred the relationship between the two factors. Nonetheless, the research does suggest more people with mental disorders are ending up in prison. This trend does not directly mean there is a causal relationship between mental illness and criminality, but it is likely that both factors (offending and mental illness) enhance criminogenic factors and the susceptibility to develop a mental illness. This is critical as prisons are not effective environments in supporting the treatment of mental disorders. Therefore, it is likely that if offenders are treated more effectively within the criminal justice system, with the combination of improved mental health services, the number of individuals with mental disorders in criminal populations will fall.

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### About the author

Harry James Gilbert is an undergraduate Psychology student at the University of West London.

### Keywords

Mental illness, crime