

DANGEROUSNESS AND MENTAL DISORDER

Professor Paul Mullen
Medical School, University of Otago

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by Professor Paul E Mullen, Chairman,
Department of Psychological Medicine,
University of Otago

Dangerousness is usually equated with the propensity to cause serious physical injury. Our judgement of dangerousness is intimately linked with the fear engendered by a situation or individual. The statistical calculation of probable risk is less impressive to the average citizen than the fear he experiences. Urban dwellers increasingly judge their city streets as dangerous but it is not the motor car which is identified as the threat but the stranger criminal, though statistically the former is many times more likely to kill or injure them.

The mentally ill have traditionally been regarded with fear, both because of the attribution of violence to them and because they are seen as unpredictable and not constrained by the usual social and moral imperatives. A study of American television, that arbiter and mirror of to-day's culture, revealed that mental illness was portrayed in 17% of drama programmes, with 73% of the mentally disordered depicted as violent and 23% as homicidal maniacs (Gerbner et al 1981). The question must be what, if any, justification is there for the common man's fear of the mentally ill.

The conventional wisdom of professionals on the matter was summarised in an American Government report in the following terms 'most studies indicate that the discharged mentally ill are significantly less prone to violent behaviour ... and are no more likely to be involved in crimes such as assault, rape or homicide' (Mulvihill et al 1969). This reassuring view on the violent propensity of the mentally disordered is no longer tenable. The current state of knowledge points to an increased risk of both criminal and non criminalised violence among the mentally disordered.

The more recent studies of the frequency with which ex-psychiatric patients are subsequently convicted of criminal offences suggest significantly higher rates than for their fellow citizens (Zitrin et al 1976, Durbin et al 1977, Sosowsky 1978). The offences involved are, however, predominantly against property and public order rather than against persons. Hafner & Boker's (1982) monumental study from the Federal Republic of Germany, which dealt specifically with violent crime, concluded that the probability of the mentally disordered committing a violent crime does not exceed that of the legally responsible adult population. This happy resolution is not entirely consistent with their data. They report, for example, that 7.7% of their male killers and 6.4% of the female were suffering from schizophrenic disorders, which is at least ten times higher than expected. Hafner & Boker's own calculations reveal the risk of violent offending among the population of patients with schizophrenic disorders is 0.05% which, even on the most conservative of estimates, is more than twice the expected rate.

Taylor & Gunn (1984), in a detailed study of over a thousand men awaiting trial on a variety of offences, found that 8% were mentally disordered, the majority having illnesses of a schizophrenic type. There were some 9% with these disorders among those subsequently convicted of non fatal violence and 11% among those who killed. The one year prevalence rate for schizophrenia in the population from which these offenders came is 0.4%, which illustrates the magnitude of the difference. In New Zealand, between 1920 and 1955, 59% of murder suspects either committed suicide, were found unfit to plead no guilty on the grounds of insanity, or certified insane after their conviction (Department of Justice 1974). Comparable figures are found in England, though those from the U.S.A., where homicide is more common, are significantly lower. It is difficult to argue with Taylor's (1986) assertion that psychotics are more prone than non psychotics to commit criminal violence. The majority of assaults never find their way into the criminal statistics. A number of attempts have been made to establish how frequently the mentally disordered are involved in this non-criminalised violence. An American study reported that nearly a third of psychiatric patients behaved aggressively prior to admission and some 12% were assaultive, though less than one percent were charged with any offence (Lagos et al 1977). In another cohort of over a thousand patients, 11% had acts of violence recorded prior to admission (Craig 1982) and yet another large series reported 8% to have committed assaults (Tardiff & Sweillam 1980). The level of violence amongst the mentally disordered, while in hospital, has been studied on a number of occasions. An extensive enquiry into the records of over five thousand mentally disordered inpatients revealed 7% had assaulted someone in the previous three months (Tardiff 1982).

A study from three English psychiatric hospitals also revealed many incidents of violence (Fottrell 1980). In contrast, a study from a 450 bed general hospital reported only 29 incidents of patients acting violently over a two year period (Ochitill & Krieger 1982).

The schizophrenic disorders are those most frequently associated with violent behaviour. The confusional and psychiatric states associated with brain damage or disease are also overrepresented amongst the violent. It is the younger, acutely disturbed patient with schizophrenia, particularly when persecutory delusions are present, that tend to be assaultive. The chronic schizophrenic states are not associated with violence, in fact, they may well be less likely to offend in this way than the commonality. An important finding for service planning is that most patients with schizophrenia, who commit serious violence, have had their disorder for some considerable time and nearly all have received treatment in the past. Typically, however, such individuals have drifted out of contact with the psychiatric services, or have not had adequate follow up organized (Bowden 1981, Hafner & Boker 1982).

Accepting for the moment the association between the acute schizophrenic disorders and violent behaviour, how should this be understood and what can be done in terms of prevention?

Dangerousness and violence are all attributes of actions or events, they are not qualities of an individual. People are not dangerous, it is their action which can be violent. The reification of dangerousness is misleading. Actions arise from an interaction

between an individual with their own predispositions, attributes and current state of mind and a particular situation or context. Violence usually arises in response to a provocation. The aggressor has predispositions such as beliefs, knowledge and desires which propel them to action in response to particular events. The aggressor has a state of mind which may, for example, be disturbed by intoxicants or dominated by fear or passion. Out of predispositions and mental states arise intentions which culminate in actions according to the balance between control and impulse strength. The context which is usually critical involves the actions and attributes of the potential victim. Mental illness affects mental states and aspects of our predispositions and self control. Psychosis can, and does, influence a number of these elements in the concatenation which produces violence. Rarely, however, is the psychosis sufficient in, and of itself, to produce violence. It is, if anything, a contributory factor. Psychosis is a risk factor, not a cause of violence.

The recognition that those with a schizophrenic psychosis are at greater risk for acts of violence, both towards others and themselves, leads to asking what will reduce this risk. The literature points to inadequate supervision and treatment compounding the risk and continuing contact with services, as reducing it. The violence of the mentally disordered, like that of the rest of the community, is largely directed at close relatives and friends. Situations where a close and conflicted relationship is paired with a delusional system, which assigns a persecutory role to the relative or partner, is potentially hazardous. Certain types of delusional, most notably those found in morbid jealousy, can put partners in considerable

danger (Mullen & Maach 1984).

A recent commentator claimed that findings pointing to an increased risk of violence in psychosis were an indictment of community care policies (Weller 1984). There is a current wave of reaction against deinstitutionalization of the mentally ill and an associated nostalgia for the old asylum. This radically conservative force would employ the association of psychosis to violence in support of their cause. In fact, it offers no justification for turning the clock back on psychiatric care but, on the contrary, supports the need for better and more community services for a vulnerable minority. The young, deluded psychotic is at greater risk for behaving dangerously than his mentally competent peers, but the risk of offending remains small. The probability of violent offending in this group can be estimated at 0.0045 per annum (Mullen 1986). This is sufficient to justify increased provision of services, but not draconian repression.

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