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REVIEW ARTICLE

JUSTIFICATION OF MENTAL ILLNESSES FOR CRIME IN DIFFERENT COUNTRIES

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Justification of Mental Illnesses for Crime in Different Countries

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Abstract – The horrific incidents in Aurora, Colorado, and Newtown, Connecticut have reignited societal perceptions of mentally ill people as "dangerous" and "criminals." Unfortunately, rather than research, this perception is founded on speculation and fear. The empirical studies on mental illness and criminal conduct is reviewed in the following article. This literature reveals three important trends. First, compared to the general population, the frequency of mental illness is significantly greater among those who have had experience with the criminal justice system. Second, people with psychotic and externalising behavioural disorders, especially those who abuse drugs and alcohol, are more likely to commit acts of violence than people with other types of mental illness. Third, mental illness is one of several criminogenic risk variables that interact in complicated ways to influence individual behaviour.

Key Words – Mental Health, Mental Illnesses, Crime

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INTRODUCTION

According to the World Health Organization, mental health is "a condition of well-being in which the individual understands his or her own strengths, can cope with the usual stressors of life, and can work creatively and fruitfully" (WHO). One's self-perceived self-efficacy; autonomy; competence; intergenerational dependency; and self-actualization of one's intellectual and emotional potential are all factors in mental health. Mental health may be defined as an individual's capacity to enjoy life and to maintain a healthy balance between their daily activities and their attempts to improve their psychological resiliency. The definition of "mental health" is influenced by a variety of factors, including cultural variations, subjective judgements, and opposing professional views. In the early stages of mental illness, sleep disturbances, loss of energy and thoughts of killing oneself or others are all indicators of a problem.

In Aurora, Colorado, a lone shooter opened fire in a packed movie theatre. Before fleeing the area, he killed 12 individuals and injured 70 more. A Connecticut elementary school was attacked by a gunman less than six months later. During a 15-minute period, he shot and murdered 20 kids and six members of the school staff. Both attacks were carried out by young males who had a history of mental instability. As a result of these horrific occurrences, policymakers, law enforcement, and the general public are scrambling to find solutions to the unpredictable: random acts of mass violence carried out by lone individuals. In the subsequent discourse, two major points were emphasised:

- (i) Limiting the availability of large-capacity weapons
- (ii) Identifying individuals at risk of perpetrating such acts of violence.

Policy debates across the country focused on the issue of mental illness and violence in relation to the second point.¹

It's vital to remember that mental illness affects a large percentage of the American population, although violent outbursts are quite rare. Mental disease affects an estimated 20% of the adult population in the United States, according to recent estimates. For toddlers and teenagers, these percentages can reach as high as 25%. Mental illness affects as many as 4% of the population, and in 2011, an estimated 3.4 million American adults were in the grips of serious psychological discomfort. The population of Connecticut is almost the same as this amount, to give you an idea of scale.

People with mental illness are not a general danger to the public's safety just because a few horrific acts of violence have been done by them. Instead, psychological disability affects human behaviour and decision-making in combination with a number of individual and environmental circumstances. Unfortunately, in the political discourse and public opinion around mental illness, these subtleties are often lost. In January of 2013, a study by the Pew Research Center found that 80 percent of Americans supported legislation that would restrict those with mental problems from obtaining firearms. More than

two-thirds of Americans said they would not want a mentally sick coworker or neighbour, according to a separate poll done around the same time period. Of those surveyed, 46% said that people with mental illnesses are more hazardous than the general public.²

Mentally ill people are a hazardous demographic in the United States, and as a result, they should not be afforded the same rights as the rest of the population, according to these statistics. The idea that people with mental illnesses pose a danger to public safety is not new, and it has been around for a long time. There has been a long and shameful history of treatment of mental illness in the United States, and this reflects that. Mental illness and criminal behaviour are examined in this article, with a particular focus on mental illness as a predictor of violence. There are a slew of interesting ideas in the literature, including:

- (i) Violence is statistically rare, even among the most severely mentally ill
- (ii) It is difficult to predict with certainty who even among the "mentally ill" will become violent
- (iii) A focus on sociological and criminological factors will be more effective in preventing violence than will a focus on restricting the rights of the mentally ill.

The essay opens with a definition of some of the most commonly used terms in research on mental illness. In the next section, we'll go into the research on how mental illness affects criminal conduct. A review of recent studies shows that social and criminological variables combine with mental health risk factors to predict criminal conduct. It is examined how the findings of this study may affect social policy and the treatment of people with mental illness.³

REVIEW OF PSYCHOLOGICAL CONCEPTS

For those who aren't familiar with psychological jargon, a little primer is in need before going into the research. To begin, when psychologists talk about mental diseases, they are usually referring to symptoms that indicate an underlying condition, such as depression or schizophrenia. Most psychological problems don't show themselves in bodily symptoms, unlike conventional diseases. Comparing the situation to a patient who goes to the doctor with chest trouble, here is an example: Chest discomfort may be an indicator of heart problems, according to the doctor. An EKG may then be ordered by the physician to confirm if the patient has cardiac disease. A physical abnormality may or may not be present, depending on the results of this test. For the majority of mental illnesses, there is no equivalent test. Instead, mental health professionals establish diagnosis based on signs and symptoms. The Diagnostic and Statistical Manual of the American Psychological Association (DSM-V) serves as a functional counterpart to the Physician's

Desk Reference in that it lists symptoms that fit the criteria for various illnesses.⁴

Diagnoses are made using five kinds of Axes when using the DSM-V multi-axial diagnostic tool (DSM-V). In Axis I, clinical psychological illnesses, such as depression and anxiety, can be found. Mental retardation and personality disorders such as narcissism are included in Axis II. On the other axis are included general medical problems, psychological issues, and functional disability. Psychology may be divided into two categories: internalising and externalising. The only major exception to this rule is autism spectrum disorders (ASD). Outwardly directed actions such as striking, kicking, and yelling are defined by externalising behaviour disorders; internally directed behaviours such as substance use or self-harm are described by internalising behaviour disorders.

People with Axis I or II diagnoses or those who show indications that might lead to an Axis I or II diagnosis are sometimes referred to as having a "mental disease." The term "mental disorder" is commonly used to refer to a diverse group of people since there is no single underlying disorder. Mentally ill people have a wide range of symptoms, functional limitations, and, most crucially for the situation at hand, behavioural manifestations of their condition. The most recent version of the DSM has more than 300 distinct disorders, for example. Some have been linked to behavioural outbursts that are externalised, while others have been linked to a protection against antisocial conduct.⁵

Except in rare cases, mental illness is not a quality that can be inherited. As stressful life events occur, many disorders are triggered, but they quickly subside. If you suffer from bipolar illness, you may notice that your symptoms come and go. There are moments of lucidity during which the individual is practically symptom-free between episodes. Many psychotic illnesses, as well as other diseases, have recurring symptoms. Cognitive therapy and counselling are helpful treatments for many diseases, while pharmacological regimens that assist control the activity of chemicals in the central nervous system are beneficial treatments for others.

MENTAL ILLNESS AND CRIMINAL BEHAVIOR

The likelihood of violence among the mentally ill is often exaggerated, and this is a recurring issue in this work. However, this does not rule out the possibility of aggression in mentally sick people, nor does it rule out the possibility of violence in the presence of certain mental diseases. Although the relationship between mental illness and criminal conduct is well accepted, it is far more complicated than that. Research on mental illness and crime has shown three major themes. First, the prevalence of mental illness is significantly greater than the general population among those who have come into contact with the criminal justice system. People with psychotic and externalising behavioural

problems, especially those who simultaneously use drugs and alcohol, are more likely to engage in violent conduct. Third, mental illness is not a determinant of criminal conduct; rather, it is one of several criminogenic risk variables that interact in a variety of ways to affect human behaviour.⁶

MENTAL ILLNESS AS A RISK FACTOR FOR CRIMINAL BEHAVIOR

To get a sense of how often people with mental illnesses commit crimes, it's typical to look at the frequency of mental illnesses in the general community (i.e. those who aren't hospitalised). The agreement is that adolescents and adults who come into contact with the criminal justice system are significantly more likely to fulfil diagnostic criteria for one or more mental illnesses than their peers. Juvenile offenders are far more likely than the general population to suffer from externalising illnesses such as ADHD, ODD, or BD than do non-adjudicated youths. Anxiety and despair can be seen in juvenile offenders as well. Adult inmates exhibit similar patterns. These include psychosis, major depressive disorder, and antisocial personality disorder among the adult jail population, according to a comprehensive evaluation of research. In light of the high incidence of mental disease in the general community, these patterns suggest that people who are going through the criminal justice system are more likely than predicted to show signs of mental illness.

First, we must examine two crucial qualifiers before assuming that greater rates of mental illness in criminal justice populations reflect higher rates of offending among the mentally ill. Criminal justice is a funnelling mechanism first and foremost. Only a small percentage of crimes are prosecuted, and only a small percentage of those who are charged are sentenced to prison time. Secure institutions are often reserved for the most serious criminals, many of whom are minors. It is possible that basic disparities between jailed individuals and the general population will hamper comparisons in this study. Individuals suffering from the most severe mental illnesses are more likely to be incarcerated, which leads to an exaggerated estimate of mental illness prevalence in the general community. Second, as noted in the accompanying essay, circumstances in jails and prisons are anything from comfortable.. Isolation from others, anxiety, and fear of violence are all risk factors for mental illness. To put it another way, the simple fact of being incarcerated appears to raise the likelihood of having a mental illness. There is little evidence to suggest that detained individuals have greater levels of mental illness than the general community; rather, it is likely a result of poor selection and the long-term impacts of substandard conditions in prisons.⁷

The National Comorbidity Study and the Epidemiological Catchment Area Study are two studies that researchers have used to try to get

beyond these restrictions and learn more about the link between mental illness and criminal conduct. Respondents are required to complete questionnaires that simulate clinical interviews, such as the Diagnostic Interview Schedule, as part of this strategy. As part of the survey, participants are asked to disclose information on their criminal past, drug usage, and more. Finally, researchers look to see whether there are any correlations between those who claim mental illness and criminal or antisocial conduct. It was shown that those with major mental diseases, such as schizophrenia and bipolar disorder, were significantly more likely to be involved in violent attacks than those who did not have such disorders. It's also worth noting that most persons with mental illnesses don't resort to violence, as the authors point out. Since these findings were first published, more research has confirmed that mental illness is a risk factor for aggressive conduct. A major advantage of this strategy is that the criminal activity is self-reported by the respondents, avoiding the need for the behaviour to be reported to authorities. However, there are certain drawbacks to this method. The researcher examining the data, not a professional mental health practitioner, determines whether a responder is mentally ill. However, the American Psychological Association strongly discourages non-clinicians from utilising diagnostic tools like the DSM to make diagnoses. This type of research is often carried out via face-to-face or telephone interviews. It is quite improbable that an interviewer would have the expertise or rapport necessary to get an appropriate response from someone with mental illness. Individuals with symptoms of a major mental illness (MMD) are frequently labelled as "mentally sick" by researchers. Some responders who have been labeled 'mentally sick' are actually quite different from those who have been labelled "mentally ill." Examples include people who have impulsive tendencies and those who are depressed and isolated from the rest of the world. Respondents in the first group are more likely to participate in risky conduct, whereas those in the second group are less likely to do the same.⁸

When it comes to self-reported crimes, survey data generally includes many sorts of behaviours into a single scale that includes things such as substance use and stealing. In the same way as tests of 'mental illness' obscure considerable heterogeneity in the sorts of offences committed by persons with specific forms of psychological condition, such broad classifications of criminal conduct are likely to be misleading. Even while people with severe anxiety may use marijuana to self-medicate, they may not be any more likely to participate in robbery or physical assault than someone without a history of mental illness. Mental illness and aggression cannot be accurately measured, hence this line of study is endangered.

Many surveys are also retrospective in nature, which means they ask people to report on their mental

health and criminal behaviour over a specific period of time, generally 12 months prior to the interview. When determining whether respondents were involved in criminal activity because they were suffering from mental illness symptoms, it might be difficult to separate the two causes.

On the third analytic technique, community-based research gathers information about respondents' mental histories as well as their participation in the criminal justice system (often reported by multiple parties, such as parents, teachers, and adolescents). Researchers may now compare the behavioural outcomes of patients with and without recognised diseases, as well as across different types of disorders. Many of the problems listed above are addressed in these investigations. For starters, official diagnoses are used to determine a person's mental health, rather than survey items designed to resemble clinical interview questions. To begin with, researchers are able to look at the circumstances that led up to a young person coming into touch with the court system. Third, behavioural patterns may be studied across disease types to dissect major mental illnesses.⁹

This line of inquiry has yielded some eye-opening results. Prior to their first arrest, delinquent kids show greater indications of oppositional defiant disorder and other externalising symptoms than their non-delinquent classmates, according to Hirschfield and colleagues (2006). Adolescents with anxiety disorders had the lowest self-reported delinquency, compared to other recognised illnesses as Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD), say Vogel and Messner (2012). It is evident that this type of research has an edge over others, but it is also costly and burdensome due to the strict standards for privacy. Since samples tend to be quite small and geographically restricted, generalizability of findings might be difficult to achieve.

MENTAL ILLNESS, INDIVIDUAL AND SOCIAL RISK FACTORS, AND CRIMINAL BEHAVIOR

Mental illness and criminal conduct do appear to be linked, according to research. Criminal activity appears to be more common among people with certain mental illnesses, especially those that have visible symptoms or are accompanied by delusions. Although it is possible to conclude that this is a causal link, it is oversimplifying the situation. It appears that the link between psychological risk factors and antisocial conduct is dependent on both individual and environmental risk variables. For one thing, the risk factors for developing mental illness may also raise the chance of participating in antisocial behaviours. For example, researchers currently believe that criminal conduct in persons with severe mental illness is caused by a complex interaction of risk variables. That is why mental health expert Eric Silver has called for scholars to better include criminological and social elements into the study of mental illness and crime. Eric Silver (2006). A growing number of studies have

sought to explore the social and behavioural elements that both mediate and modify the link between mental illness, criminal conduct, in the past decade. Other psychological deficits, individual risk factors, social stresses, and larger environmental variables all have a role in the development of depression.¹⁰

COMORBIDITY AND SUBSTANCE USE

Symptoms of many mental illnesses may be present in the same person at the same time. Comorbidity is the medical term for this condition. Maladaptive behaviour is more likely to occur in adolescents who have several Axis I diagnoses, particularly those with combinations of externalising and drug use disorders. There is a correlation between the existence of certain personality disorders including antisocial personality disorder and psychopathy and the likelihood of violence among mental health patients with a diagnosed Axis I condition. The link between substance addiction and aggression may be much stronger among those with mental illnesses, as we'll see below. For example, some researchers have discovered that the biggest risk of violence is among those with mental illnesses who abuse drugs and alcohol.

SOCIAL AND ENVIRONMENTAL RISK FACTORS

Sociologists and criminologists, on the other hand, tend to focus more on societal and environmental risk factors, which might have an impact on a person's conduct. Research reveals that criminological risk factors play an essential role in the link between mental illness and criminal behaviour. Beyond symptoms of psychological impairment, self-reported delinquency is explained by a variety of factors, including a lack of self-control, exposure to violence, physical victimisation, and the conduct of friends. When it comes to delinquency, criminological elements were shown to be more influential than psychological ones in a study conducted by the researchers. As a result, the researchers found that criminological and psychological risk variables had a multiplier impact. For example, among kids with oppositional defiant disorder, the link between self-control and offending was more pronounced.

Mental illness and aggression can be linked to a same set of causes, Silver and Teasdale (2005) said. Individuals who have experienced violent victimisation are more likely to suffer from significant mental disorders and also more likely to participate in violent action, according to this theory. On the other hand, they suggested that emotional support from family and friends may protect against mental illness and lessen the chance of participating in violence. The authors found that the relationship between mental illness and violence was significantly reduced when these external factors were taken into consideration, suggesting that mental illness and violent behaviour may be attributed

to a common set of causes rooted in the stress and support contexts in which individuals are embedded.

The link between criminal activity and mental illness can be influenced by a person's broader social and geographic context, including neighbourhood and community features. For example, some researchers have shown that a lack of economic opportunity in an area increases the likelihood that a person would commit a crime. Silver and colleagues (1999) found a threefold increase in aggressive conduct among recently discharged mental hospital patients who lived in areas of concentrated poverty. The authors believe that chronic stress, exposure to violence, and poverty in economically challenged locations are the primary factors that relate MMDs to violence.. Researchers Swanson and colleagues (2002), who found that victimisation and the overall level of community violence enhance the probability of violent conduct among the mentally ill, add further validity to these findings.

As a whole, these research paint a more complex picture of the link between mental illness and criminal conduct. There is strong evidence that mental illness is a risk factor for criminal activity. Traditional criminological risk variables like peer behaviour and exposure to violence appear to have a greater impact on offending than indicators of mental health. Mental health issues and criminal activity may be linked to a same set of external circumstances, such as stressful life events and bad interpersonal interactions, according to the data. If you have a history of mental illness, you may have a greater or lesser chance of engaging in criminal activity. Research reveals that specific forms of mental diseases are among a multitude of individual, interpersonal, and environmental risk variables that interact in complicated ways, rather than drawing a clear causal relationship between mental illness and criminal conduct.

TAKING STOCK: MENTAL ILLNESS AND CRIMINAL BEHAVIOR

The sad occurrences in Newtown and Aurora have pushed the problem of mental illness and criminal behaviour to the forefront of the public debate. ' A majority of Americans believe that people with mental illness are dangerous, according to public opinion studies. Those who are diagnosed with mental problems have had their rights curtailed by new laws. Everyone agrees that people with mental illness are a danger to the public and need to be dealt with appropriately.

The real-world evidence paints a far more nuanced picture. We can say with certainty that people with mental disorders are more prone than the general population to be involved in the criminal justice system. Two processes, on the other hand, confound this connection. First, those with serious mental health

issues are more likely to end themselves in prison, and second, the environment of prisons can exacerbate their mental health issues. Mental illness and criminal behaviour aren't always linked, as not all of its symptoms present themselves in the same manner. So the idea that "mental disease" should be used as a catchall term is problematic. Violence and other antisocial behaviours are not always linked to all forms of mental illness. In the same way, it is critical to understand that the term "crime" encompasses a wide range of actions that are illegal under the law. Concluding that all mental diseases lead to criminal activity obscures the basic distinctions in their outcomes.

For the most part, the same risk factors that apply to all kids and adults apply to those who are mentally ill as well. People with mental problems are more likely to commit crimes if they live in an area with inadequate self-control, are socially isolated, or are exposed to violence. They are more closely linked to criminal conduct than markers of mental illness's degree or the kind. Legislation that restricts individual liberties and further stigmatises people with mental illnesses appears to be terrible policy if we wish to prevent violence. It seems unlikely that focusing just on mental illness will have a significant influence on the general level of violence in the United States, given its rarity. As with any prevention effort, programmes aimed at decreasing criminal behaviour among the mentally ill should focus on reducing victimisation, increasing social support, teaching people to think about the long-term consequences of their actions, and reducing the effects of concentrated disadvantage in low-income areas. Even more so, it appears that limiting access to firearms may be better served by expanding access to services and treatment.

In addition, this study emphasises the requirement of more research. Some previous study findings have been scuppered by selection, generalizability and the variety of populations. Nationally representative data that includes official psychiatric records, criminal justice histories, and measurements of social settings is needed to overcome these constraints. In order to get a complete picture of a person's life, this data need be collected over a lengthy period of time. It's only with this kind of information that the intricate relationships between mental illness, personal and environmental risk factors, and maladaptive behaviours can be thoroughly explored. A greater understanding of which diseases are linked to criminal conduct will also help researchers. In doing so, it would avoid a large number of the possible drawbacks that have been identified in previous studies.

CONCLUSION

Mental illness and criminal conduct are linked in a variety of ways, according to the research. It is at best inaccurate to base public policy and debate on

the idea that people with mental illnesses are a risk to society. There has been an increased risk of violence and other criminal activity among the mentally sick. Mental illness is just one of several elements that might influence a person's decision to commit a crime, rather than being the single deciding factor. To put it another way, most individuals who are mentally ill are not violent, and most people who are violent are not mentally sick. It's a simple case of researchers and policymakers missing the target.

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