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Forensic Psychiatry 3

Mental Disorders and Offending

Developing people
for health and
healthcare

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Mental Disorders and Offending

Aims and Objectives (from handbook)

- To develop an understanding of
  - The role of mental disorder in offending
  - The frequency of and types of offences committed by those with serious mental illness (SMI)
  - The role of special syndromes in offences
  - Vulnerability and suggestibility in mentally-disordered offenders

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Mental Disorders and Offending

To achieve this

- Case Presentation
- Journal Club
- 555 Presentation
- Expert-Led Session
- MCQs

- Please sign the register and complete the feedback

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Mental Disorders and Offending

Expert Led Session

Mental disorder and offending

Author: Dr Victoria Sullivan

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Offending in patients with SMI

- Psychosis – brief overview
- Affective Disorders
- Personality disorder
- Substance Misuse

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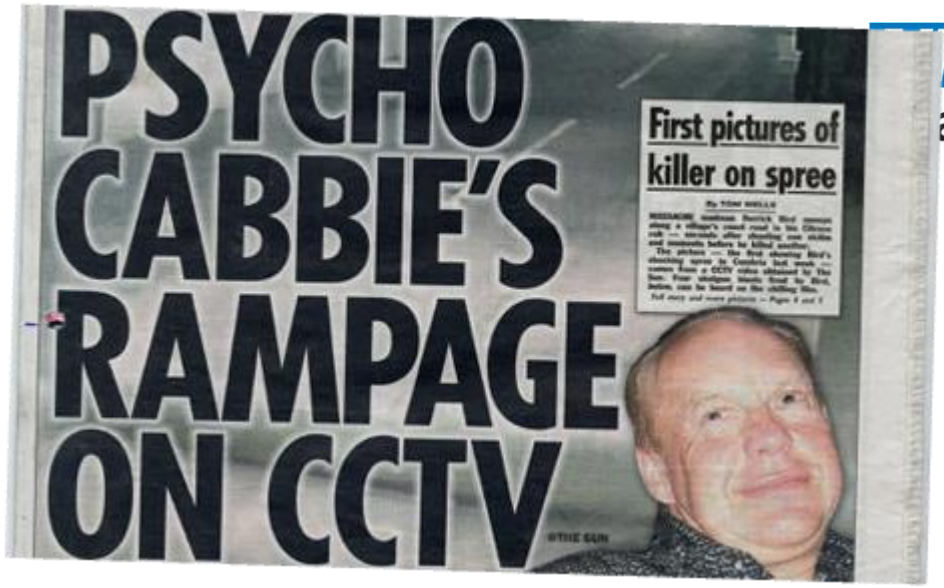
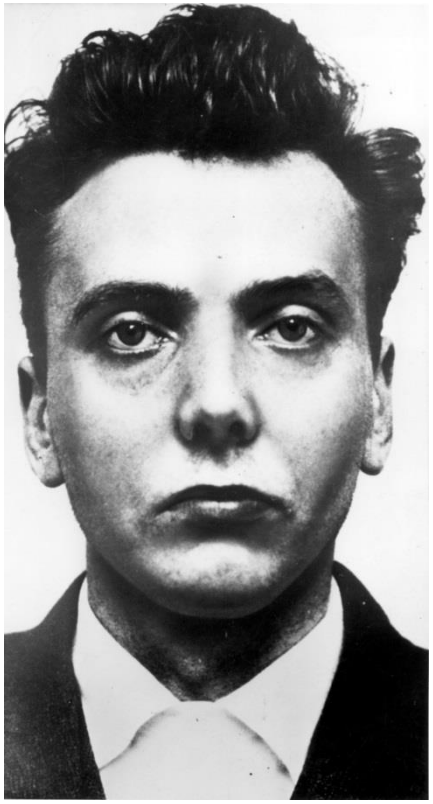
PSYCHOSIS AND OFFENDING

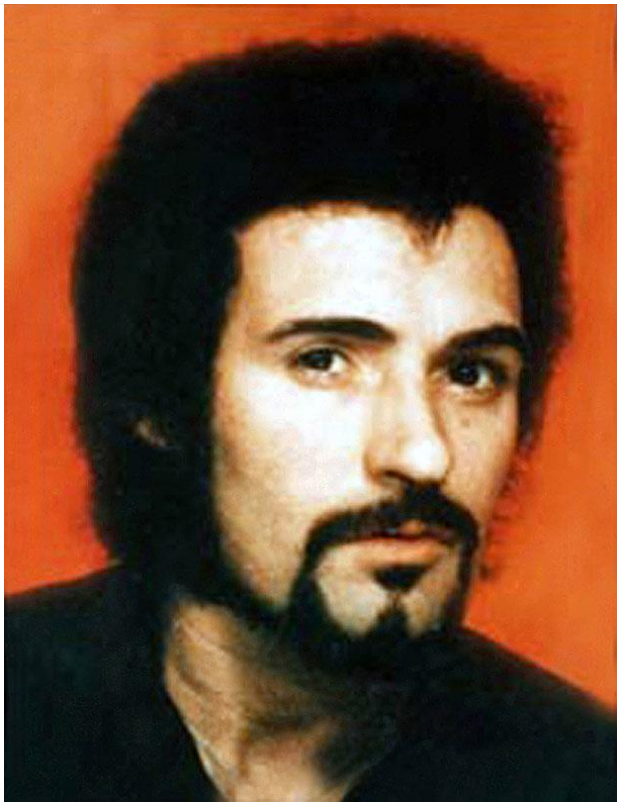


HOME » NEWS » UK NEWS » LAW AND ORDER

Paranoid schizophrenic released into community to murder

Paranoid schizophrenic Tennyson Obih who was sectioned twice before being released into care in the community went "off the radar" of the health services and murdered a policeman in broad daylight.





Peter Bryan **Ian Brady** **Peter Sutcliffe**

Are schizophrenic patients more violent?

- ECA survey re-examined (Swanson et al 1990)
  - Increased violent offences in SZ

- Elbogen & Johnson (2009)
  - SMI alone does not predict violence
  - Other factors for violence reported more frequently in SMI

- Fazel et al (2009)
  - **Substance use is biggest contributory factor**

Are schizophrenic patients more violent?

- Steadman et al (1998)
  - Data from MacArthur Study
  - ‘Major mental disorder’ (MMD) not specific for SZ / psychosis
  - Overall rate of violence 27.5%

	Rate of violence (%)
MMD and no substance use	17.9 %
MMD and substance use	31.1 %
Other mental disorder and substance use	43 %

Table from ‘Practical Forensic Psychiatry,’ by Clark T & Rooprai DS chapter 7

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Homicide and psychosis

Nielssen et al (2010)

- Annual rate homicide by SZ patients 1 in 3000
- Increased risk of homicide in FEP
- Annual rate homicide before treatment is 15 times higher than after treatment

Shaw et al (2006)

- 34% homicides – lifetime mental disorder
  - 5 – 7% schizophrenia
  - 9 – 11% personality disorder
  - 5 – 6% psychotic at time of offence

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Psychotic symptoms and violence

- Delusions
  - 50% psychotic violent offenders attributed it to delusions
  - MacArthur study found no such association
- Hallucinations
  - Rudrick (1999)- no association between command hallucinations and violence
  - But may add to risk with congruent delusions
- Threat / control over-ride symptoms
  - MacArthur study found no association (Appelbaum 2000)
  - Various studies show this is a critical factor

Delusional content and violence

- Delusional jealousy
- Erotomania
- Delusional misidentification
- Delusions of passivity
- Querulous delusions

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OFFENDING IN AFFECTIVE DISORDERS

Andreas Lubitz **‘Tony Soprano’**

Mood disorders & violence

- MacArthur Study (Monahan et al 2001)
  - Rate of violence 1 year post-discharge
    - Depression 28.5%
    - BPD 22%
    - SZ 14.8%

- Manic patients more likely to show violence on admission
  - AESOP study (Dean et al 2007)
  - 3 x more likely to be aggressive than SZ

Mood disorder & homicide

- National Confidential Inquiry (Hunt et al (2010) Shaw et al (2006))
  - 7% homicide offenders have lifetime mood disorder
    - Less likely to have had contact with MH services

- Homicide-Suicide
  - Rare – 30 / year
  - Offenders usually male
  - Men kill partners, women kill children
  - Mood disorder and PD

  Flynn et al (2009)

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Mood disorders & sex offending

- No clear evidence / studies
- Mania
  - Sexual disinhibition
  - Increased libido
- Depression
  - Weaken internal controls

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OFFENDING IN PERSONALITY DISORDERS

A. Dale Cregan
B. Theresa Riggi
C. Michael Stone

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Personality Disorder

- No gold standard test for diagnosing PD
  - NICE (QS88) – structured clinical assessment
- Prevalence of any PD ranges from 4 – 6%
  - 54% have one PD only
- All PDs (except schizotypal) more common in men

Antisocial PD & Offending

- 40 – 70% conduct disorders convert into ASPD

- Substance Use
  - Most common comorbidity
  - Men 3-5 times more likely to have substance use
  - Increases risk of violence

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ASPD & Offending

- Come into contact with CJS commonly

- 50 – 60% male prisoners have ASPD
  - More criminal versatility
  - 10 – 20 times more likely to commit homicide
  - Violent offences more likely

  (Roberts & Coid 2010)

- Brain changes - ? Genetic component

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ASPD & Offending

- Very little evidence-based effective treatment

- NICE
  - Cognitive / behavioural interventions
  - Medication not used routinely
  - Treat alcohol and substance use

Joanna Dennehy

Psychopathy

- PCL-R – 20 items (Hare 1991)

- ≥ 30 (USA) or ≥ 25 (UK) → psychopathy

Psychopathy

Glibness & superficial charm	Promiscuous sexual behaviour
Grandiose sense of self-worth	Early behavioural problems
Need for stimulation / prone to boredom	**Lack of realistic long-term goals**
Pathological lying	**Impulsivity**
Conning and manipulative	Irresponsibility
Lack of remorse or guilt	**Failure to accept responsibility for actions**
Shallow affect	Many short-term relationships
Callous / lack of empathy	Juvenile delinquency
Parasitic lifestyle	Revocation of conditional release
Poor behavioural controls	Criminal versatility

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Psychopathy & offending

- Loss of inhibition to antisocial behaviour
- May be a desire to control, demean and humiliate
- Impulsive and risky behaviour

- Argued that many may function well in corporate life

Other PDs and offending

- Borderline PD
  - Female violent prisoners 4 x more likely to have borderline PD (Logan & Blackburn 2009)
  - MacArthur study data (Newhill et al 2009)
    - Borderline PD more likely to commit violent acts

- Paranoid PD
  - Linked to morbid jealousy
  - Increased risk of violence (Carroll 2009)

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OFFENDING IN SUBSTANCE MISUSE

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Anders Breivik

Raoul Moat

Association with violence

1. Intoxication directly increases risk of violence
2. Exacerbation of mental illness
3. Other characteristics
4. Socio-economic

Offending & Substance misuse

- Remember Fazel et al (2009) looking at psychosis and violence
  - **Substance use is biggest contributory factor**

- Steadman et al (1998) looked at MacArthur study for violence and SMI
  - Substance use increased rate of violence in all groups

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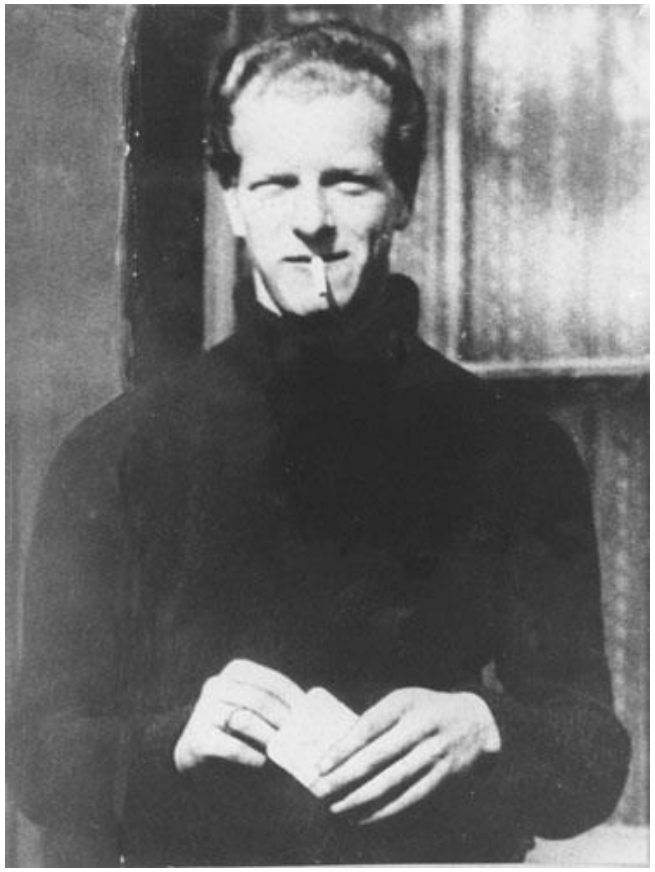
OFFENDING IN EPILEPSY & NEURODEVELOPMENTAL DISORDERS



Derek Bentley

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Learning-disabled offenders

- 0.8% all adult LD have contact with CJS

- Characteristics include:
  - Young men
  - Borderline / mild LD (as opposed to severe) [62%]
  - Psychosocial deprivation
  - Co-morbid psychiatric disorders [44%]
  - Family h/o offending

Learning-disabled offenders

- Range of behaviours
  - Physical aggression (52%)
  - Verbal aggression (40%)
  - Damage to property (24%)
  - Inappropriate sexual behaviour (18%)
  - Cruelty and neglect to children (11%)
  - Fire-setting (1%)

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Challenging behaviour

Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and / or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.

- Challenging behaviour in LD populations
  - 10 – 60%
  - 9.8% point prevalence for aggression
  - 4.9% point prevalence for self-injurious behaviour

  Tsiouris (2010)

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Management of challenging behaviour

- CBT / behavioural modification
- Environmental modification
- Specialist placements
- Medication
  - Antipsychotics ONLY for underlying mental disorder
  - ? Risperidone for autism
  - SSRIs

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Offending & LD

- Borderline LD over-represented in offender populations
  - Lack of abstract thinking
  - Reduced capacity to delay gratification
  - Reduced capacity to modify behaviour
  - Socio-economic stressors
  - ? More likely to get caught
  - Skills deficits
  - Social naivety / vulnerability

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ASD & Offending

- Offences that may suggest ASD
  - Stalking / obsessive harassment
  - Inexplicable violence
  - Computer crime
  - Offences due to misjudged social relationships

- Management
  - Setting
  - Psychological
  - Pharmacological
  - Environmental

Nigel Constable

Epilepsy & offending

- Rarely associated with violence but may be raised in defences (Part 4)
- Prevalence: gen pop < prisoners < forensic pts
- Co-morbid psychiatric conditions 20 – 30%
- 5 possible causes of violence in epilepsy
  - Violent automatism
  - Prodromal irritability
  - Post-ictal confusion
  - Lower socioeconomic status
  - Brain damage

Epileptic offending / post-ictal

- Criteria to suspect criminal act due to epilepsy
  - Evidence of epilepsy
  - Crime sudden with no obvious motive / no planning
  - Crime senseless & no attempt at concealment / escape
  - Short duration
  - Witness descriptions
  - Amnesia

  Lishman (1998)

Brian Thomas

Parasomnias & violence

- Rarely associated with violence

- Disorders of arousal from sleep:
  1. Sleep drunkenness
  2. Violence associated with sleepwalking
  3. Violence associated with night terrors
  4. REM sleep behaviour disorder

Parasomnias & violence

- History is vital – patient & bed partner
  - Onset
  - Action
  - Victim
  - Level of consciousness
  - After the action

  (Bournemann et al 2006)

- Physiological measures of sleep and muscular activity – Sleep lab

Phineas Gage

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Acquired Brain Injury

- Link between ABI and offending
- Increased prevalence ABI in prisoners / forensic patients
- ABI predisposition to violence
  - PFC lesions → disinhibition
  - Temporal lobe lesions → aggression
  - Substance use
  - Self-directed violence

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ABI & offending

- Cognitive impairment
- Impulse control deficit
- Personality change / irritability / aggression
- Poor social judgement
- Vulnerability
- Comorbidity
- Disinhibition

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MCQS

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Mental Disorders and Offending

MCQs

1. Which is the biggest risk factor for violence in psychosis?

A. Non-compliance with medication

B. Co-morbid personality disorder

C. Homelessness

D. Unemployment

E. Co-morbid substance misuse

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Mental Disorders and Offending

MCQs

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C. Homelessness

D. Unemployment

E. Co-morbid substance misuse

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Mental Disorders and Offending

MCQs

2. With respect to Munchausen's by Proxy, which of the following is incorrect?

A. More common in mothers

B. The annual incidence of fabricated or induced illness in children under 16 is 0.5 per 100,000

C. There is no clear relationship with any specific mental disorder

D. 50% perpetrators had a personality disorder

E. 21% have a history of alcohol and / or drug misuse

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Mental Disorders and Offending

MCQs

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Mental Disorders and Offending

MCQs

3. Which of the following regarding mood disorder and violence is incorrect?

A. The prevalence of depression in male prisoners is 10%

B. The prevalence of depression in female prisoners is 25%

C. Manic patients are likely to show aggression and violence associated with admission to hospital

D. 7% homicide perpetrators have a lifetime diagnosis of mood disorder

E. Most perpetrators of homicide-suicide are male

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Mental Disorders and Offending

MCQs

3. Which of the following regarding mood disorder and violence is incorrect?

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Mental Disorders and Offending

MCQs

4. Which is the correct statement relating to substance use and the MacArthur Violence Study?

A. Substance use increases the rate of violence among both those with and without mental illness

B. The rate of violence for those with a mental disorder and no substance use is 25%

C. The rate of violence for those with a mental disorder and substance use is 50%

D. Substance use is a protective factor for violence

E. The highest rate of violence was for those with mood disorder and substance use

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Mental Disorders and Offending

MCQs

4. Which is the correct statement relating to substance use and the MacArthur Violence Study?

A. Substance use increases the rate of violence among both those with and without mental illness

B. The rate of violence for those with a mental disorder and no substance use is 25%

C. The rate of violence for those with a mental disorder and substance use is 50%

D. Substance use is a protective factor for violence

E. The highest rate of violence was for those with mood disorder and substance use

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Mental Disorders and Offending

MCQs

5. Which is the incorrect statement about epilepsy and offending?

A. Ictal violence is more likely in complex partial seizures

B. Most offending occurs in post-ictal or inter-ictal period

C. Violence in epilepsy is usually a feature of the disease

D. The prevalence of epilepsy in prisoners is 1 – 2%

E. The prevalence of epilepsy in the general population is 0.5 – 1%

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Mental Disorders and Offending

MCQs

5. Which is the incorrect statement about epilepsy and offending?

A. Ictal violence is more likely in complex partial seizures

B. Most offending occurs in post-ictal or inter-ictal period

C. Violence in epilepsy is usually a feature of the disease

D. The prevalence of epilepsy in prisoners is 1 – 2%

E. The prevalence of epilepsy in the general population is 0.5 – 1%

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Mental Disorders and Offending

EMI 1.1 – Fire Setting

- Wayne is a 14 year old who whilst truanting from school with a gang of boys sets fire to an abandoned warehouse. He waits around for the fire service to arrive and watches from a safe distance as they put the fire out.

A. Crime concealment
B. Financial compensation
C. Suicidal
D. Extremism
E. Vandalism
F. Psychosis
H. Pyromania

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Mental Disorders and Offending

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EMI 1.2 –

- Vincent is a 48 year old man with Asperger's Disorder. He has a history of setting fires when he is angry. He enjoys looking at how things burn. He is upset by another resident shouting at him and so set a fire. He feels an inner tension that is relieved when he has set the fire. He calls the fire brigade and becomes excited when they arrive.

A. Crime concealment
B. Financial compensation
C. Suicidal
D. Extremism
E. Vandalism
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B. Financial compensation
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E. Vandalism
F. Psychosis
H. **Pyromania**

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EMI 1.3 –

- Stephanie sets fire to a university research laboratory, where she believes the researchers are carrying out experiments on elephants. Two weeks ago she suddenly realised that the University were dissecting elephant trunks in order to test the effects of snorting cocaine so that the Government could develop a synthetic drug to distribute in the community.

A. Crime concealment
B. Financial compensation
C. Suicidal
D. Extremism
E. Vandalism
F. Psychosis
H. Pyromania

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A. Crime concealment
B. Financial compensation
C. Suicidal
D. Extremism
E. Vandalism
F. Psychosis
H. Pyromania

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EMI 1.4 –

- Alison is a 50 year old woman who has recently separated from her husband after he left her for another woman. Divorce proceedings have begun and she is concerned that she may have to leave the family home because she can't afford to pay the mortgage. She is depressed with low mood, poor sleep, anhedonia and poor concentration. She feels that if she loses her home she won't have anything to live for. She sets fire to her house using petrol in 3 seats in the living room, hallway and upstairs bedroom. She calls the fire brigade from her mobile phone in the garden.

A. Crime concealment
B. Financial compensation
C. Suicidal
D. Extremism
E. Vandalism
F. Psychosis
H. Pyromania

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B. Financial compensation
C. Suicidal
D. Extremism
E. Vandalism
F. Psychosis
H. Pyromania

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EMI 2 – Human Rights

- Right to respect for private and family life
- Prohibition of torture
- Right to marry
- Right to life
- Right to liberty and security
- Freedom of thought, conscience and religion
- Right to a fair trial

A. Article 2
B. Article 3
C. Article 5
D. Article 6
F. Article 8
G. Article 9
H. Article 12

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Mental Disorders and Offending

EMI 2 – Human Rights

Right to respect for private and family life	F. Article 8
Prohibition of torture	B. Article 3
Right to marry	H. Article 12
Right to life	A. Article 2
Right to liberty and security	C. Article 5
Freedom of thought, conscience and religion	G. Article 9
Right to a fair trial	D. Article 6

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Any Questions?

Thank you.