

# Dangerous conclusions on crime

Are the mentally ill more likely to be violent than other people?

Earlier this month, Virginia Bottomley, the health secretary, announced an urgent review of the policy of community care for the mentally ill, prompted by two murders, both committed by schizophrenics.

Although she went to great pains to avoid sensationalism, Mrs Bottomley must have been aware that in making her statement she was contributing to a public perception of the mentally ill as unpredictable, dangerous and violent. When I and a colleague asked Gallup to carry out a brief public opinion survey of attitudes to mental illness, one-third of the sample endorsed the statement that the mentally ill were likely to be violent, and murderers insane.

Despite this popular stereotype, there has been a consensus among criminologists that those with mental illness are no more criminal than the rest of us. Some have even argued that mental illness is associated with a decrease in criminality.

There is no doubt that some people who suffer from mental disorder are capable of extreme violence — but establishing whether this is increased or decreased by their illness is not easy. Statistics must be treated with caution: police are reluctant to arrest and the courts to prosecute those with mental illness. Although humanitarian, this means that criminal statistics may underestimate the contribution of those with mental illness. On the other hand, crimes committed by the mentally ill are more likely to be solved, since the perpetrators are more frequently arrested at the scene.

Three new studies have shed some light on the relationship between crime and mental illness and give some cause for concern. Overall, people with schizophrenia are no more likely to have a criminal record than the rest of the population. Women with schizophrenia seem to be at greater risk, but the number of women generally with criminal records remains small. Men with schizophrenia were twice as likely to be convicted of a violent crime.

If there is an increase in crimes committed by the mentally ill, what are the reasons? The mentally ill are not immune from factors that determine criminality in the rest of the population, such as poverty, poor schooling, violent parents, broken families, drugs and alcohol. In fact, many of these factors are associated with later mental illness, so the increase in violent crime among the mentally ill may be the consequence of an excess of one or more of these factors. But this is not the whole story.

Although much anti-social behaviour is governed by the same factors that operate in those free of mental disorder, at least some offences appear to be the direct result of the experience of mental illness. The recent crimes that have attracted so much publicity seem to be either motiveless, or to be the direct result of delusions or hallucinations.

Violent behaviour by schizo-

phrenics is far more common in those who are acutely ill. A study of mentally abnormal offenders remanded in custody in Brixton prison, found that the vast majority of offences carried out by those judged to be schizophrenic were committed when the subject was actively psychotic. In addition, the longer the person had been ill, the greater the risk of delusional violence.

These studies have questioned the consensus that the mentally ill are not dangerous, and have suggested that the risk of violence is increased, at least in a subgroup of those with schizophrenia. Yet the authors who have reached these conclusions have also been careful to place them in context.

First, the typical schizophrenic remanded in custody is rarely accused of serious offences, but of minor assaults, criminal damage or rather sad thefts such as stealing milk from doorsteps. Second, even if the risk of violence associated with schizophrenia is increased, schizophrenics make very little impression on the crime rate. An American study was able to show that if schizophrenia were eradicated, the amount of violent behaviour in the community would decrease by 3 per cent. Most criminals



are not psychotic, and the general public has little to fear from the mentally ill. But little does not mean nothing.

What should be done? At the moment, it is not possible to say that the policy of deinstitutionalisation has led to an increase in violent behaviour by the mentally ill. Contrary to public opinion, the prisons are not filling up with the mentally ill. We have just completed a study of schizophrenics in Camberwell, south London. The crime rate among those with schizophrenia had increased between 1964 and 1990. However, this was no greater than the overall increase in crime that has taken place during the same period, and deinstitutionalisation could not be blamed.

Serious crimes committed by those with major mental disorder are unusual, but attract unfair notoriety. Nevertheless, something beneficial may yet result.

The research on mental illness and crime contains contradictions, but not in one area. The majority of serious offences committed by those with schizophrenia occur in those who have drifted out of medical care or supervision. There is no fundamental objection to such supervision being given in the community and hence no reason to suspect that community care *per se* is to blame for the tragedies. However, an inadequately funded system of community care may be associated with a dangerously low level of supervision. Mrs Bottomley's review should consider not only the policy, but the resources devoted to it.

SIMON WESSEL

● The author is senior lecturer in psychological medicine at the Institute of Psychiatry.