Characteristics of Mentally Ill Offenders from 100 Psychiatric Court Reports

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ABSTRACT

Introduction: There is an increasing probability that the psychiatrist will, willingly or not, come into contact with mentally ill offenders in the course of practice. There are increasing rates of violence, substance abuse and other psychiatric disorders that are of legal importance.

Aim of the Study: The aim of this study was to investigate the rates of different mental disorders in 100 court reports and to know the characteristics of mentally ill offenders.

Subject and Methods: . All cases referred from different departments of the legal system to the forensic committee for assessment of legal accountability during 13 month duration were included. A specially designed form was prepared for data collection. Cases were classified into five groups: Murder, robbery, financial offences, violent and simple offences and lastly a group for other offences. Data was subjected to statistical analysis and comparisons between different groups of subjects were performed by analysis of variance (ANOVA).

Results: Men constitute 93% of cases. Among ffenders who were younger than 40 years (73%): schizophrenic cases were 13%, substance related cases constitute 56% and amphetamine alone were 21% of cases, 10% were antisocial personality disorder, 51% were classified as having low education. Unemployment was found in 34% of cases. The final decision of the forensic committee was full responsibility in 46% and partial responsibility in 11% and 33% of cases were found irresponsible. 58% of cases had contact with psychiatric health care prior to the offence and 9% had contact in the previous 12 weeks. History of similar offence was found in 32% of cases. 14% of offences were murder, 8% were sexual crimes and 31% were violence and simple crimes.

Conclusion: The ability of the legal system to detect cases was good while the ability of the health care system to predict crimes and offences was weak as 58% of cases had previous contact with health care system before the crime. Substance abuse especially amphetamine played an important role.

Key words: Mentally ill offenders, psychiatric court reports, forensic psychiatry, legal accountability, crime, amphitamine, substance abuse

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INTRODUCTION

For many reasons, there is an increasing probability that the psychiatrist will, willingly or not, come into contact with mentally ill offenders in the course of practice. There are increasing rates of the violence, substance abuse and other psychiatric disorders that are of legal importance. That's why the western society felt a need to regulate and answer the question of deviant mental states of relevance to the court[1]. Although, the Arab countries have been among the first in the world to establish mental health hospitals in Baghdad in the year 705, then in Cairo in 800 and in Damascus in 1270 [2], currently most of Arab countries have no mental health acts[3], no certified training in forensic psychiatry, little research if any in forensic psychiatry in addition to poorly organized forensic psychiatric services[3,4]. However, the growth of economy of the Arab Gulf Countries at the last decades was associated with growth of all systems needed to support this economy including mental health and judiciary systems.

AIM OF THE STUDY

Motivated by the above issues this study was designed to :

1. Investigate the rates of different mental disorders in 100 psychiatric court reports.
2. Identify the characteristics of mentally ill offenders.
3. Revise the importance of psychiatric court report and the obstacles that face psychiatric team during and after assessment of those subjects. A lot of other points were also addressed as the ability of the legal professionals to detect mental illness during their routine work, the relation of substance abuse to crimes, the types of

crimes commonly committed by mentally ill people, the ability of mental health system to predict dangerousness of the patients and lastly this study was a trial to review the current situation of forensic psychiatric services in the Eastern province of Saudi Arabia.

SUBJECTS AND METHODS

This is a cross sectional study done in Al-Amal Complex for Mental Health in Al-Dammam. The complex belongs to the Ministry of health, Kingdom of Saudia Arabia (KSA). The forensic psychiatry committee is one of the important units inside the complex. The committee has a dual obligation work, toward the patient and the referring agency. Among the reasons of referral to this committee are forensic problems, cases in need for legal guardian, mental fitness to work, etc. Yearly there are about 1000 cases received for assessment from different sources. The committee is operated by a multidisciplinary team. The study was approved by scientific and ethical committee of Al-Amal Complex for Mental Health and informed consent was taken from the all subjects.

Sample Selection: All cases referred from different departments of the legal system (police stations, investigation system, prisons, courts, etc) to the forensic committee for assessment of criminal responsibility during 13 month duration were included. Information were collected from patients themselves, psychiatric files and data referred from the police or the courts.

Data Collection: A specially designed form was prepared for data collection including: demographic characteristics, clinical assessment, past history of psychiatric disorders, substance abuse and similar offence, diagnosis, dates of first contact with heath care system and legal system, source of referral, the case and the results of investigations and mental state at time of the offence. Subjects received less than 9 years of education were regarded as low education and those received 9-12 years of education were regarded as intermediate level and subjects received ≥12 years of education were regarded as having high education level. All diagnoses were made according to the Mini-International Neuropsychiatric Interview (M.I.N.I.) a short structured diagnostic interview. The scale was translated to Arabic and validated previously[5]. However, diagnosis of organic mental disorders and personality disorders were based on ICD-10 Research Diagnostic criteria[6] and were validated by two other consultant psychiatrists with good inter-rater reliability. Each subject was interviewed by the investigators at least once and some patients needed more sessions to finalize their assessment.

Statistical analysis:
The main findings are presented as proportions with 95% confidence intervals. For use of some analytical statistics, cases were classified into five groups: Murder (included murder and manslaughter), robbery (included robbery and forced robbery), financial crimes (such as loan, debt, bribery and Embezzlement), violent and simple offences and lastly a group for other offences. Comparisons between different groups of subjects were performed by analysis of variance (ANOVA) with statistical significance set at $P<0.05$.

RESULTS

In this study, 93% of cases were men and only 7% were females. The mean age for the cases was 31.33±4.25 years and age range was 18-86 years. Seventy three percent of cases were younger than 40 years and 10% were less than 20 years. The mean ages of financial and murder groups were significantly more than other groups. Fifty one percent of cases had low education level and only 11% had high education. The mean for years of education was significantly lower in robbery group (3±2.7 year) than in other groups. Sixty four percent of the subjects were single. Significantly most of financial group subjects were married and most of violent and simple offences group were single. This was statistically significant in comparison to other groups. Unemployment was found in 34% of cases. There were significant differences between groups in employment as most of subjects in robbery group were not employed and most of subjects in financial group were employed. Fifty eight percent of offenders had a history of previous contact with the psychiatric health care system prior to the offense and the mean duration of last contact with service was significantly less in murder (9.5±2.3 months) and robbery (10.5±5.2 months) groups than other groups.

Table 1: Showed demographic factors.

	Total N(100)	Murder N (14)	Robbery N (16)	Financial N (12)	Violence &simple N (31)	Other N (27)	P value
Mean age years and SD	31.33±4.25	40.28±2.21	32.81±3.32	41.43±2.38	20.21±3.58*	28.23±3.45	0.05
Mean years of education years &SD	7±2.1	8±1.9	3±2.7	6±3.1	9±3.2	10±2.2	0.001
Single , n &(%)	64	8(57.1%)	11(68.7%)	3(25%)	24(77.4%)	18(66.6%)	0.01
Unemployed n & (%)	34	8(57.1%)	15(93.7%)	1(8.4%)	6(19.4%)	4(14.9%)	0.01
Last contact in month mean & SD	18.7±5.2	9.5±2.3	10.5±5.2	22.2±3.9	20.2±4.5	13.4±4.6	0.05
Similar offences n & (%)	32	00	12(75%)	9(75%)	10(32.2%)	1(3.7%)	0.01

P value is significant at ≤ 0.05

The last contact with psychiatric health care system was within 3 months in 9% of cases, (all had substance abuse problems), within one year in 22% of cases, (most of them had substance abuse problems) and more than one year in 27% of cases. History of similar offenses was found in 32% of cases. Similar offences were significantly more common in robbery and financial groups than in other groups. In 10% of cases referral was requested by the offenders themselves and 8% was requested by a family member or a lawyer and 82% were referred by an observation from the legal system staff (Table 2).

Table 2: Showed the source of referral.

Referral request from	Referred	Mentally ill
The person	10	9
The family or lawyer	8	8
The Court	22	21
The police	42	38
The prison	18	14

All current diagnosis of the offenders are listed in (Table3). Some of the offenders had more than one diagnosis. The most common diagnosis was substance abuse or dependence (56% of the sample). Ten percent of the sample had no mental disorders.

Table 3: Showed current diagnoses according to MINI or ICD-10 Research diagnostic Criteria.

Diagnosis	Patients n	Murder	Robbery	Financial	Violence and simple	Other	P value
		Number of cases and % from the subgroup					
Schizophrenia	13	3(21.4%)	00	2(16.6%)	3(9.6%)	5(18.5)	0.05
Drug abuse	56	7(50%)	13(81.2%)	3(25%)	18(58%)	15(55.5%)	0.001
Bipolar	8	00	1(6.2%)	1(8.3%)	1(3.2%)	5(18.5%)	0.04
Antisocial	10	00	7(43.7%)	00	2(6.45%)	1(3.7%)	0.001
Organic	6	00	00	1(8.3%)	3(9.65%)	2(6.15%)	0.04
Delusional	8	6(42.8%)	00	00	2(6.45%)	00	0.001
Adjustment	9	00	00	7(58.3%)	1(3.2%)	1(3.7%)	0.01
Mental retadrdation	9	1(7.1%)	00	00	4(12.9%)	4(14.8%)	0.13
No mental disorder	10	1(7.1%)	3(18.7%)	4(33.3%)	2(6.45%)	00	0.05
Comorbidty	35	4(28.7%)	8(50%)	8(66.6%)	8(25.8%)	7(25.9%)	0.04

P value is significant at ≤0.05

The rates of delusional disorder and schizophrenia diagnoses between murderers were significantly more compared to other groups. Also, the diagnosis of antisocial was more common in robbery group whereas diagnosis of adjustment disorder was more common among persons of financial group. Comorbidity was found in 35% of cases and distributed among all groups and the most common comorbidity was substance abuse especially amphetamine. Most of cases with no mental disorders fitted in the robbery and financial groups. Persons diagnosed as other personality disorders were 2%, major depression 4%, dysthymic disorder 1%, acute psychosis 1%, paraphilias 3%, dementia 1% and other mental disorders 14% . Among the murder group (n=14) four cases were amphetamine addicts, three were addicts for amphetamine plus other substances, four of them were previously admitted to addiction units for treatment and two of them discharged within two months from the crime. Eight cases out of 14 murderers had done the crime out of delusions. Ten out of 12 financial offences had a failure in paying a debt or loan. One case was bribery and another case was embezzlement. Seven cases among cases of robbery were forced robbery. Violent and simple offences included 19 cases of physical fights, 3 disobedience of parents, 3 cases intruded others' property and 6 minor traffic accidents.

Other offences:

Other offences (n=27) included 8 cases of sexual crimes, 7 of them were single, 6 had low education level and 7 were unemployed. Two cases were homosexual, 3 cases of pedophilia, 2 cases of rape and one case of sexual molesting. Decision of the committee was full responsibility in 4 cases and partial responsibility in two cases (diagnosed as mild mental retardation with IQ 69 and 65 ,respectively) and no responsibility in two cases (schizophrenic patient and patient with organic psychosis).

Other offences included also, 5 narcotic dealers. All of them who substance users. One of them had additional comorbid diagnosis of organic psychosis due to car accident after the crime and he was given the decision of unfit to plead while the others were fully responsible.

Another 5 cases were accused by fire setting. Two of them were substance abusers and responsible, two were mentally retarded and not responsible and the last one was diagnosed as impulse control disorder and was found to be partially responsible.

There were 3 cases of failed suicide attempts. All were men; one was schizophrenic whereas the second was acutely psychotic and the last was dysthymic. All were not responsible.

Four cases were accused by different security problems, one of them took part in one of the terrorist's attacks in the country and was diagnosed as mild mental retardation and was not responsible. Two cases were trying to cross the international borders and no mental disorders were found in both of them and were found responsible. The fourth was belonging to special cult group and was diagnosed as adjustment disorder and was found partially responsible.

The last two cases, one of them was referred for assessment of his mental ability to take decisions after he divorced his wife and asked to return her again and was found responsible and has no mental illness. The last case was presented to assess his mental ability to sell and buy and to sign contracts after he sold out his building and he showed no mental illness and was given full responsibility decision.

Decision of the Committee:

The final decision of the committee is listed in (Table 4). Full responsibility decision was given to 46% of the offenders. Eleven percent of offenders were partially responsible, 3% were unfit to plead and 7% were referred to another forensic committee. Thirty three percent of cases were totally not responsible. All subjects of robbery and financial groups were responsible while, most murderers were significantly not responsible in comparison to other groups. The final decision of the committee is listed in (Table 4). In 13% of the cases the court asked for extra details and in one case the staff of the committee presented to the court and to the relatives of the murdered person to talk with them about the reason of non responsibility of the murderer.

Table 4: Showed decision of the committee.

Decision	Total	Murder	Robbery	Financial	Violence and simple	Other	P value
		Number and % from subgroup					
Responsible	46	3(21.4%)	16(100%)	12(100%)	14(45.1%)	1(3.7%)	0.01
Irresponsible	33	11(78.5%)	00	00	17(54.8%)	5(18.5%)	0.01

P value is significant at ≤ 0.05

As shown in (Table 5) the most common substances used were amphetamine in 21% of cases, amphetamine with other substances in 18% of cases, alcohol in 9% of cases, Khat in 4% of cases and Cannabis in 4% .

Table 5: Common substances of abuse in mentally ill offenders.

Substance	N (%)
Amphetamine	21
Amphetamine with other substances	18
Alcohol	9
Khat	4
Cannabis	4

DISCUSSION

Mentally ill offenders present horrible challenges to public policy and criminal justice system. Their identification, assessment, processing and treatment are considered the responsibility of forensic psychiatric services in collaboration with justice system and other legal agencies. The current study was done to describe the process of assessment of those subjects and to identify their characteristics to enable the service planners to organize and coordinate the efforts of different system partners.

In this study only 10% of cases were less than 20 years while other studies denoted higher percentages in younger ages[7,8] but all their subjects were prisoners. The current study denoted that marriage and education are protective against crimes even in mentally disordered patients as a large percentage of the offenders were single (64%) and unemployed (34%). The same finding was noticed by other studies[9]. However, this finding was noticed in mentally ill-offenders as well as in offenders without psychiatric disorders which may be attributed to increased unemployment rates and delayed marrietal ages in this region[10,11]. Similar to other studies[10], most of the robbery group subjects were unemployed and their educational level were less than other groups. While most subjects in the financial group were employed and married which looks reasonable as financial needs increased much with marriage.

Consistent with other studies, most cases in the current study were males[8,12] who had contact with psychiatric service (58% of cases)[13,14]. However, the current study showed that prediction of dangerousness in murder and robbery groups is questionable as the last contact of both groups with the service was significantly shorter than other groups. Skeem et al showed that advances in risk assessment have improved the ability to identify psychiatric patients at high

risk for violence[15] but this was based on a well developed system of mental health care in USA where training in this particular area is much advanced than in Middle East. Also, the results of the current study reflect the increased rates of substance abuse in murder and robbery groups and ensure the importance of the presence of clear mental health acts to regulate voluntary and involuntary admissions.

Moreover, the current study found that most of similar offences occurred in robbery and financial groups and that 32% of cases had history of similar offence before the crime which was lower than Fulwiler et al study[15] in which the rate of similar offence was 68%. This may be explained by increased diagnosis of antisocial personality in robbery group and the popularity of debt and loan in the region due to economic crisis.

Furthermore, only 10% of cases in the current study have no mental disorders and their referral was not indicated. But this percentage is not high in comparison to other studies[16]. Also, 40% of these non-indicated cases (4 cases) were referred from prison. It seems that prisoners commonly try to feign psychiatric symptoms to gain referral for psychiatric help which is a well known fact denoted by other studies[17]. Other referrals were almost appropriate (Table 2) which still indicates the high ability of the legal system to notice disturbed behavior.

Certainly we have long been aware of the relationship between substance abuse and crime but according to the current study the depth of this relationship is alarming and serves to justify a sense of urgency for intervention as the rate of substance abuse was 56%. This percentage is nearly the same like that found in New York and Washington[19]. The rate of substance abuse was much higher in an Iranian study[8] who found 73% of offenders in the prison having a life time history of opiate abuse, however, there are clear methodological differences between the current study and the Iranian study. In contrast, other studies found lower rates of substance abuse and dependence (18% and 17%) than the current study[20,21]. Nevertheless the subjects in the former study were murderers only and the second one was Swedish study and where the rate of crimes was much increased in the last 10 years[9]. The high rate of substance abuse in the current study is going on with the higher rate of substance abuse in gulf region. Cases with dual diagnosis were 39% and they were considered high risk group to commit crimes as observed by other studies[22,23]. High rate of amphetamine abuse was found among offenders (21%) and this is due to wide prevalence of several types of cheap amphetamine in this region[24]. The implications of these figures are significant as effective substance control might significantly influence crime rates.

Delusions were the most frequent trigger for the murder as seen in 8 cases and delusional disorder was the commonest diagnosis among murderers (6 from 14 cases) followed by schizophrenia (3/14). This result is logic as patients with delusional disorder are more dangerous than schizophrenic patients as they are more integrated to plan for the crime. However Shaw et al study reported that 34% of the homicide offenders were mentally ill and only 5% of them were schizophrenic but it was a larger scale study[20]. Also 50% of murderers had substance abuse especially amphetamine which is adulterated with other toxic substances and one dose from it may lead to induced psychosis or relapse of stabilized psychotic patients as found in another Saudi study[24].

The decision of the forensic committee:

Full responsibility is a difficult decision for any forensic committee as it means there is no right for the person/patient for excuse or mitigation. In KSA, if the investigation confirms the responsibility some punishments are irreversible as cutting the hands for robbery, slaughtering for murderers or even beating the responsible a number of slashes. That's why responsibility decision was not given except after full data collection from all possible sources and after assessment by all means. So, these patients took more time and more frequent sessions than others. The rate of full responsibility was 46% as there was high rate of substance abuse diagnosis (56%) and the rule in the committee for offenders with only substance abuse diagnosis is a full responsibility provided the person was intended to take the substance and knew its prohibited nature.

Partial responsibility was given to only 11 cases. Usually this decision takes a long debate inside the committee because in these cases although the persons have psychiatric diagnoses, they can realize that their behaviors were wrong but can not control adequately.

The concept of fitness to plead is firmly rooted in the soil of legal tradition. It is meant to protect the mentally ill from the rigours of the court but if it is applied to the wrong individuals in the wrong circumstances it will stigmatize the whole process of legal accountability that's why its application is very limited in many countries as denoted in other studies[25,26]. In the current study, this decision was given only to three cases, the first case was a drug dealer who developed organic psychosis after a car accident following his crime. The second case was a severe hebephrenic schizophrenia with marked impairment of cognitive functions and the third was a patient with Alzheimer dementia.

On the other hand, the decision of referral to another committee was given when data is poor or controversial or when the patient needs long observation. All such cases were referred to Al-Taif Mental Hospital where there is the central forensic committee for KSA.

Obstacles and limitations:

Working in forensic psychiatry is extremely difficult job because most of patients deny or exaggerate their symptoms, sources of data are questionable and cases are usually presented too late after the offences. Interview with such cases take long time and may be prolonged for hours as the diagnosis may take frequent visits and may not be achieved. Absence of mental health act, in addition to unclear regulations of judiciary system make a lot of troubles

during the processing of court reports. The same issue was addressed as regard the extent lawyers can interfere with the psychiatric interview and if they have the right to attend this interview or not. Staff working in forensic committee has no monetary benefits and are loaded by other duties. That's why psychiatrists don't prefer to work in such forensic committees.

The scope of this study was wide as it included all types of offences and all psychiatric disorders so it was difficult to include more analytic statistics and correlations between different groups of disorders and offences in addition to the fact that the number of subjects in each subgroup was small. This study should be followed by in depth analytical studies to know the different factors influencing different psychiatric disorders and their relations with different offences.

CONCLUSION

Proper court report is important to know who is responsible and who is not. It is essential to prevent escape from justice system through psychiatric defenses and to prevent further crimes if possible. The need for mental health act is important to define the responsibilities and extent of authority of professionals and institutions and to prevent the abuse of mentally ill patients by families, professionals and legal system. Primary prevention, treatment and rehabilitation of patients with substance abuse and dependence have strong relation to rate of crimes and should be a focus of attention for service planners. The role of psychiatrist as an expert witness in the court is still weak and in need for further delineation. The training of mental health professionals in this hot area of psychiatry is weak and in need for strong support. Lastly, court report is a highly professional report and a piece of psychiatric art. It is the conclusion of long time of assessments investigations and discussions Indeed it will impact the life of many persons negatively or positively so mental health professionals should achieve it adequately and perfectly.

Competing interests:
The authors declare that they have no competing interests.

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Authors' Contributions:
All authors conceived of the study and participated in its design and coordination. YAE administered the instrument and collected the data. MAZ directed and oversaw the statistical analysis. MR participated in data collection and conducted statistical analysis. All authors participated in the writing and revision and approved the final manuscript.

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الملخص العربى

خصائص مرتكبى الجرائم من المرضى النفسيين من واقع مائة تقرير نفسى للمحكمة

ياسر عبد الرازق السيد، محمد الزهرانى، محمود رشاد

بالرغم من عدم وجود تدريب جيد لدى الأطباء النفسيين فى الدول العربية فى الطب النفسى الشرعى و عدم وجود شهادة تخصصية فى هذا المجال فهناك إحتمالات متزايدة لتعامل الأطباء النفسيين مع مرتكبى الجرائم من المرضى النفسيين. و مع نمو الإقتصاد بمنطقة الخليج العربى و نمو كافة الأجهزة المساندة لهذا الإقتصاد بما فيها الخدمات الصحية النفسية و نظام الشرطة و القضاء فلابد من نمو مقابل لعلمية تقييم المسؤلية الجنائية لمرتكبى الجرائم الغريبة و المرض النفسين و عليه هدفت هذه الدراسة لتقييم كيفية عمل اللجان النفسية الشرعية و معرفة خصائص مرتكبى الجرائم من المرضى النفسيين فى عدد ١٠٠ تقرير تحديد مسئولية جناية.

تمت هذه الدراسة فى أحد مستشفيات الصحة النفسية الكبرى بالمملكة العربية السعودية حيث يوجد لجنة نفسية شرعية. و قد إشتملت الدراسة على كل الحالات التى حولت لتحديد مسئوليته الجنائية خلال فترة ١٣ شهر. و قد إشتملت البينات التى تم جمعها على الخصائص الديموجرافية و الإكلينيكة بالإضافة إلى تفاصيل الجريمة و التاريخ الإجرامى السابق للحالة. و قد اشارت النتائج إلى وجود نسبة ضئيلة من النساء (٧٪) و تبين أن ٧٣٪ من العينة اصغر من ٤٠ سنه و كنت نسبة مرضى الفصام ١٣٪ و مرضى الإدمان ٥٦٪ و مرضى إدمان الأمفيتامين بمفرده ٢١٪ و قد كان قرار اللجنة هو المسئولية الكاملة فى ٤٦٪ من الحالات و المسئولية الجزئية فى ١١٪ من الحالات و عدم المسئولية عن الجريمة فى ٣٣٪ كما تم تحويل ٧٪ من الحالات إلى لجان شرعية اخرى. و مثلت جرائم القتل و الشروع فى القتل ١٤٪ و جرائم السرقة ١٦٪ و الجرائم البسيطة ٣١٪. و كان هناك تاريخ سابق لجرائم مماثلة فى ٣٢٪ من الحالات. و كان هناك تاريخ سابق للمرض النفسى و تلقى العلاج النفسى فى ٥٨٪ من الحالات. و قد أظهرت الدراسة أن قدرة الأجهزة القانونية فى التعرف على المرضى النفسيين جيدة فى حين أن قدرة المتخصصين النفسيين على التنبوء بالخطورة و منع الجرائم ضعيفة كما تبين أن إدمان الأمفيتامين يمثل دوراً هاماً فى نسبة كبيرة من الجرائم.