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Research in Brief

June 1984

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Crime and Mental Disorder

From the Director

It is widely assumed that crime and mental illness are closely linked. This intuitive assumption has influenced public policy in a number of ways. In recent years, for example, it has led some policymakers to conclude that the shift away from the hospital confinement of the mentally ill has had a substantial impact on the growth of prison populations, a crisis in many States.

Research can help inform the discussion of this important issue. By objectively measuring the effects of the release of the mentally ill, we can gain a clearer understanding of the results of this policy and where any impact on criminal justice has occurred.

In this *Research in Brief*, John Monahan and Henry J. Steadman report on a six-State study which they conducted for the National Institute of Justice. Between 1968 and 1978—a period in which State mental hospital populations fell by two-thirds—the proportion of men with a history of mental hospitalization admitted to State prisons increased on average from 7.9 percent to 10.4 percent. In three of the six States, this percentage actually dropped.

The researchers conclude that the deinstitutionalization of State mental hospitals *does not* seem to have been a driving force in the dramatic increase in State prison populations. At the same time, however, their research suggests that the release of mental patients may have had more of an effect on another part of the correctional system—local jails. These results help us understand where resources need to be focused. Equally important, the painstaking analysis of available research summarized in this *Brief* helps to clear away some of the myths about the relationship between mental disorder and criminality.

Despite concerns that the mentally disordered may be prone to crime, this analysis found that the rate of crime among former mental patients does not appear to

exceed that of the general population when matched for demographic factors such as age, race, and social class, and for prior criminal history. Similarly, the limited evidence available suggests that serious mental disorder among inmate populations does not appear to be more prevalent than it is in populations of similar class in the community.

In other words, it appears that the relationship between crime and mental illness has more to do with demographic factors—age, gender, race, social class, life history—than with any direct causal link. It should be emphasized, however, that these findings refer to the relationship between crime and mental disorder in various *groups*—not *individuals*. Obviously, there are individuals who are both mentally ill and criminal and are a serious threat to potential victims.

Unless we do a better job distinguishing among the mentally ill, we do a disservice to those recovering from mental illness or whose mental health problems pose no risk to others. And we risk obscuring the real issue: criminal conduct and the threat to victims. The National Institute of Justice is monitoring studies to enhance classification and prediction methods so we can identify those who should be incarcerated for the safety of society. More accurate procedures of this type can assist wardens, jail officials, and mental health professionals in their efforts to devise appropriate and just treatment policies.

This *Research in Brief* is a condensation of an essay appearing in Vol. 4 of *Crime and Justice: An Annual Review of Research*, published by the University of Chicago Press and supported by the National Institute of Justice. Interested readers are urged to turn to that volume for a fuller treatment of the subject.

James K. Stewart
Director
National Institute of Justice

While mental disorder does not seem to predispose people to criminality, it is nevertheless true that the amount of mental disorder among criminals (and the amount of criminality among those who are mentally disordered) is higher than in the population at large. The explanation, according to the authors, lies in the fact that both criminality and mental disorder are associated with many of the same demographic factors—age, gender, race. For example, persons of low social class are disproportionately represented in the populations of both prisons and mental hospitals. This conclusion has implications for prison wardens, parole boards, and others who are concerned with the control or classification of offenders and the mentally ill.

By John Monahan and Henry J. Steadman

“The main problem in discussing any relationship between criminal behavior and mental disorder,” John Gunn has written, “is that the two concepts are largely unrelated.”

What makes matters even more difficult, however, is that the two concepts are not *completely* unrelated. A person who commits a criminal act while meeting the legal definition of insanity is not held responsible for the act. Indeed, adjudication is not possible when a defendant's mental disorder is of such a nature as to render him or her incompetent to stand trial.

The interaction of criminal behavior and mental disorder is also recognized in the law of civil commitment, which is based on the belief that some of the mentally disordered, if left to their own devices, would commit dangerous or criminal acts.

How close is the relationship between mental disorder and criminal behavior? To arrive at an empirical estimate, we shall summarize the existing body of research on the topic, along with the results of our own survey undertaken for the National Institute of Justice.

Analytic Framework

Epidemiologists have developed a distinction that is of great assistance in understanding the relationship between crime and mental disorder—the distinction between the *true* and the *treated* prevalence rates of a pathological condition. (A prevalence rate is the number of cases in the population at a given time, divided by the size of the population. Thus, the *true prevalence rate* of measles is the percentage of the studied population who actually have this disease, while the *treated rate* is the percentage receiving medical or other treatment for measles.) In the context of crime and mental disorder, the distinction is therefore between 1) the rates at which crime and mental disorder actually occur and 2) the rates at which the criminal justice and mental health systems formally respond to them.

At the extremes, the distinction between true and treated prevalence rates is straightforward. Self-reports are an index of true crime; imprisonment is an index of treated crime. A diagnosis of mental disorder made during a public-health survey of the community is an index of true mental disorder; confinement in a mental hospital is an index of treated mental disorder. Disagreements, however, can occur in the middle ranges. For example, we count arrest as an indication that a crime has truly occurred, even though arrest could also be viewed as a form of treating an offender.

TABLE 1

Studies of "Pure" Cases of Criminal Behavior or Mental Disorder

Relationship at issue	Amount of evidence	Findings compared with matched groups in the general population
True disorder among true criminals	Little	No higher
True crime among truly disordered	None	---
True crime among treated disordered	Much	No higher
Treated disorder among true criminals	None	---
True disorder among treated criminals	Much	No higher
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Treated crime among treated disordered	Little	Unclear

Source: Monahan and Steadman 1983a, p. 154.

There are two kinds of studies of the true and treated rates of crime and mental disorder. The first kind looks at "pure" cases, in which rates of mental disorder are computed for groups of criminals or crime rates are computed for groups of the mentally disordered. That is, the study covers people who are "purely" in one category and inquires as to those who also fall into the other category.

The second kind of study considers "mixed" cases—persons who are being treated as both criminal and mentally disordered. These persons fall into various legal categories of "mentally disordered offenders."

"Pure" Cases of Criminal Behavior or Mental Disorder

Findings from the available research on the true and treated rates of mental disorder among criminals—and the true and treated rates of crime among the disordered—are summarized in Table 1.

The scant research into mental disorder among persons who have been arrested ("true criminals") suggests that their rates of disorder are no higher than those of the general American population of comparable social class.

There have been a number of epidemiological surveys of the rates of mental disorder among persons in

jails and prisons ("treated criminals"). These studies have reported rates of serious mental disorder ranging from 1 to 7 percent, while the rates of less severe mental disorders range up to 15 to 20 percent. (Such questionable categories as sociopathy, alcoholism, and drug addiction are not included in these figures.) When comparing these rates with those found in surveys of the general population, it is necessary to recognize that jail and prison inmates are disproportionately persons of lower social class, and that such persons have disproportionately high rates of mental disorder. The conclusion that emerges: the rate of mental disorder among inmate populations does not exceed the rate of mental disorder among groups of comparable social class in the general community.

The relationship between rates of mental hospitalization and rates of

imprisonment is often thought to be interdependent. That is, when one rises, the other is presumed to fall. However, Steadman et al. (1984) found that between 1968 and 1978—years in which the population of State mental hospitals fell by two-thirds—the proportion of men with a history of mental hospitalization who were admitted to State prisons only increased from 7.9 percent to 10.4 percent (mean average). Indeed, in three of the six States in the study, the percentage of male prisoners with a history of mental hospitalization actually decreased over the period. The deinstitutionalization of State mental hospitals, therefore, does not seem to have been a major factor in the recent drastic increase in the U.S. prison population.

From the opposite perspective—crimes committed by the mentally disordered—there is a great deal of research on

TABLE 2
Arrests for Felonies in New York State, 1975

	General population	Total patient sample	Patients with no prior arrests	Patients with one prior arrest	Patients with two or more prior arrests
	(N=12,320,540)	(N=1,938)	(N=1,428)	(N=187)	(N=323)
Arrest rate (per 1,000 population) for all crimes	32.51	98.50	22.06	138.00	413.50
Arrest rate (per 1,000 population) for violent crimes	3.62	12.03	2.21	3.37	60.46

Source: Steadman, Cocozza, and Melick 1978.

TABLE 3
Legal Status of Mentally Disordered Offenders in U.S. Facilities, 1978

	Admissions	Census
Incompetent to stand trial	6,420	3,400
Not guilty by reason of insanity	1,625	3,140
Mentally disordered sex offenders	1,203	2,442
Mentally ill inmates: in external units	5,648	2,684
Mentally ill inmates: in prison units	5,247	2,474
Totals	20,143	14,140

Source: Steadman et al. 1982.

the arrest rates of persons who have been treated for mental disorder in a State hospital. In terms of the arrest rate subsequent to hospitalization, every study performed before 1965 has found that rate to be lower than that for the general population, while every study performed in more recent years has found it to be substantially higher.

Steadman, Cocozza, and Melick (1978) have explained this shift in terms of changes in the arrest rates of mental patients prior to hospitalization. As can be seen in Table 2, patients released from New York State mental hospitals in 1975 had arrest rates substantially higher than that of

the general population. Yet for patients who had no arrest record at the time they were hospitalized, the arrest rates subsequent to hospitalization were actually lower than those of the general population. It is only patients who had a history of prior arrests—particularly multiple prior arrests—who had above-average rates of offending when they left the hospital.

This is consistent with the well-known criminological finding that persons who have been arrested in the past tend to be arrested in the future. Mental hospitalization in itself, there-

fore, does not seem to affect arrest rates, independent of the effect of past criminality. The substantial increase in arrest rates for released mental patients after 1965 is attributable to a steady increase in the percentage of mental patients with a history of arrest prior to hospitalization. Further studies showed that, by 1978, 55 percent of all males admitted to mental hospitals had a prior arrest record (Steadman et al. 1984).

"Mixed" Cases of Criminal Behavior and Mental Disorder

Studies of cases of persons treated simultaneously for criminal behavior and mental disorder lead to the same general conclusion as the studies sum-

marized above. That is, their rates of crime and mental disorder are about what one would expect from a knowledge of their demographic characteristics and their prior experience with the mental health and criminal justice systems.

"Mentally disordered persons" is an umbrella term, covering four legal categories: 1) persons judged incompetent to stand trial, 2) those found not guilty by reason of insanity, 3) mentally disordered sex offenders, and 4) individuals transferred from prison to a mental hospital (Monahan and Steadman, 1983b). The number of persons in each category admitted to a mental hospital in the U.S. in 1978, and the number residing in institutions on any given day in that year, are shown in Table 3. The studies analyzing their rates of criminal behavior and mental disorder are sum-

TABLE 4
Studies of "Mixed" Cases of Criminal Behavior and Mental Disorder

Nature of the relationship to mentally disordered offenders	Amount of evidence	Findings compared with matched groups in the general population
True criminal behavior	Much	No higher
True mental disorder	None	---
Treated criminal behavior	Little	No higher
Treated mental disorder	Much	No higher

Source: Monahan and Steadman 1983a, p. 173.

marized in Table 4. The following conclusions from the research appear justified:

- The arrest rate of mentally disordered offenders after their release from mental hospitals is very similar to the arrest rate of "pure" mental patients with a comparable prehospital arrest record.
- It is questionable how many persons legally adjudicated to be mentally disordered offenders are suffering from true mental disorder. The most frequent diagnosis given to mentally disordered sex offenders, for example, is "sexual deviation."
- The subsequent conviction rate of mentally disordered offenders (based on the little data that exist) is consistent with what one would predict from a knowledge of their criminal history and demographic characteristics.
- Likewise, the factors relating to the rehospitalization of "pure" mental patients (e.g., the number of times they have been hospitalized in the past) also seem to relate to the rehospitalization of mentally disordered offenders.

Implications

The correlates of crime among the mentally disordered appear to be the same as the correlates of crime among any other group: age, gender, race, social class, and prior criminality. Likewise, the correlates of mental disorder among criminal offenders appear to be the same as those in other populations: age, social class, and previous disorder. Populations characterized by the correlates of both crime and mental disorder (e.g., low social class) can be expected to show high rates of both, and they do.

One interpretation of this review should be guarded against. We computed rates of criminal behavior and rates of mental disorder among *groups*. We have not sought to examine the relation between crime and mental disorder for any given individual within those groups. One cannot move from the general finding—that in the aggregate there is no relation between crime and mental disorder—to the particular finding that certain individuals will not be both criminal and mentally disordered. Indeed, one would expect overlap at chance levels. That is, if x percent of a given population is mentally disordered, and there is no relation between mental disorder and criminal behavior, then we might expect x percent of the criminal population to be mentally disordered (Monahan 1981). The same is true for rates of criminality among the mentally disordered.

The finding that rates of crime and mental disorder vary independently, when adjusted for demographic and personal history factors, may be more important to the scientist than to the criminal justice policymaker or practitioner. From the latter's perspective, the important fact may be that demographic and historic factors are *not* controlled in the naturally occurring ecology of crime and mental disorder.

It does appear from the data that, if one could excise approximately half the population of State mental hospitals (those with prior arrest records), then the remaining patients upon their release would be no more criminal than the rest of us. However, the data do not reveal how this can be done without transferring many of these people to jails and prisons, and thereby aggravating the problems of those institutions.

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criminality and mental disorder are associated with many of the same demographic factors—age, gender, race. For example, persons of low social class are disproportionately represented in the populations of both prisons and mental hospitals. This conclusion has implications for prison wardens, parole boards, and others

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