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Violent Crime

The research has shown that there is a link between mental illness and violence. The link appears to be strongest among those with more severe mental illnesses such as schizophrenia, major depression, mania or bipolar disorder, and those with alcohol or substance disorders. The presence of psychotic symptoms, such as distorted perceptions, faulty reasoning and disordered control of emotions, are better predictors of an individual's propensity for violence than a particular diagnostic label.

It is, however, important to acknowledge that although mental illness is to some extent associated with violence, the relationship is complex and multifactorial. Despite the complexities of the relationship, there are certain measures which could effectively reduce the likelihood that someone with a mental illness will behave violently. Comprehensive treatment of those with severe mental illness/brain disorder, both in hospital and particularly in the community, has the potential to reduce violence. Early intervention programs may reduce the development or persistence of anti-social personality traits, and subsequent violence.

Mental health professionals are called upon to assess the risk of violence presented by those with mental disorders in a range of legal areas, from decisions concerning civil detention to determinations related to bail, sentencing, probation and parole. The issue of risk is also a topic of immediate relevance to public policy and health care delivery. Risk management is an essential component of the day-to-day treatment of many patients.

Research in Western Australia has shown that it does appear possible to develop risk assessment instruments for Indigenous male offenders that are more accurate than those currently used by assessors. This study has further confirmed that instruments comprising of dynamic factors are useful predictors of risk and that these may play an important role in reducing the reoffending of Indigenous male sexual offenders. Intervention programs would need to address the stressors and deprivations experienced by many Indigenous males.

More information on violent crime, risk assessment and mental disorder can be found at:

McDonald, D. & M. Brown, 1997. Indicators of aggressive behaviour, Research and public policy Series No 8, Australian Institute of Criminology, Canberra, ACT. http://www.aic.gov.au/publications/rpp/08/index.html.

Allan, A & Dawson, D., 2004. Assessment of the risk of reoffending by Indigenous male violent and sexual offenders, Trends and issues in crime and criminal justice no 280, Canberra, ACT. http://www.aic.gov.au/publications/tandi2/tandi280.html.

McSherry, B., 2004. Risk assessment by mental health professionals and the prevention of future violent behaviour, Trends and issues in crime and criminal justice no 281, Australian Institute of Criminology, Canberra, ACT. http://www.aic.gov.au/publications/tandi2/tandi281.html.

Homicide

An analysis of the National Homicide Monitoring Program, which is housed at the Australian Institute of Criminology, has shown that only 4.4 per cent of Australian homicide offenders were recorded as suffering from a mental disorder. This would appear to indicate that the prevalence of mental disorder amongst homicide offenders is significantly less than amongst the general population. Contrary to public perceptions of mentally disordered persons, the study found no evidence to support the notion that mentally disordered offenders were more likely to kill strangers in public places for no apparent reason. In reality, the study found that mentally disordered offenders who committed a homicide were more likely to victimise a family member in or at a private residence.

More information on mental disorder and homicide in Australia can be found at:

Mouzos, J., 1999. Mental disorder and homicide in Australia, Trends and issues in crime and criminal justice no 133, Australian Institute of Criminology, Canberra, ACT. http://www.aic.gov.au/publications/tandi/tandi133.html.

Substance abuse, mental health and crime

Researchers have also established an association between substance abuse disorders and mental health problems, especially among women and those with socioeconomic disadvantage. For example, the female component of the Drug Use Careers of Offenders project, which is conducted at the Australian Institute of Criminology, has shown that 60 per cent of female prisoners reported that they had experienced one or more mental health problems and that two-thirds of these women experienced three or more mental health problems. A higher proportion of drug-dependent women reported

having had a mental health condition: 68 per cent compared with 51 per cent of women who were not drug-dependent.

Regular violent female offenders were more likely than female property offenders to report having a mental health condition while growing up. The type of diagnosis received from mental health professionals included the following:

- 51 per cent with a diagnosis suffered from depression;
- 11 per cent suffered from schizophrenia;
- 9 per cent suffered from post traumatic stress disorder;
- 8 per cent suffered from personality disorder;
- 8 per cent suffered from manic depressive disorder; and
- 14 per cent from other assorted conditions, including mental breakdown, attention deficit disorder and drug psychosis.

The Drug Use Monitoring in Australia (DUMA) program is also managed by the Australian Institute of Criminology. DUMA is a quarterly collection of information from police detainees in seven sites (police stations or watchhouses) across Australia. In the third quarter of 2004, a mental health addendum was run as part of the DUMA questionnaires in order to gain a better understanding of the mental health status of police detainees regardless of their offences or drug use history.

Aggregated across all sites, almost a third of detainees scored very high on the K10 scale (a survey measuring psychological distress), indicating a probable need for professional assistance. Females and those aged 26 to 30 years were more likely to score very high.

The core DUMA questionnaire also asks whether detainees had been in a psychiatric facility in the past year. In 2004, five per cent of those surveyed said that they had stayed at least one night in a psychiatric hospital, a proportion consistent with previous years' findings.

Research on Indigenous offending currently being conducted by the Australian Institute of Criminology indicates the need to examine more carefully the link between illicit drug use, mental health issues and the criminal justice system.

More information on substance abuse, mental health and crime can be found at:

Johnson, H., 2004. Drugs and crime: a study of incarcerated female offenders, Research and public policy series no 63, Australian Institute of Criminology, Canberra, ACT. http://www.aic.gov.au/publications/rpp/63/index.html

Schulte, C., Mouzos, J., Makkai, T., 2005. Drug use monitoring in Australia: 2004 annual report on drug use among police detainees, Research and public policy series no 65, Australian Institute of Criminology, Canberra, ACT. http://www.aic.gov.au/publications/rpp/65/index.html.

Criminology Research Council

The Criminology Research Council (CRC), which is administered by the AIC, is an integral part of a state, territory and Australian government-funded approach to research in criminology issues today. The following research conducted by the CRC relevant to mental health issues includes the following:

- Jobes, P., 2004. The use of multiple social services among chronically offending youth, Criminology Research Council, Canberra, ACT. (http://www.aic.gov.au/crc/reports/2004-08-jobest.html)

Research in criminology long ago established that a small proportion of offenders account for a high proportion of crime. The possibility that chronic offenders may also have involvement with multiple social services has been noted in social science and social services literature, though precise evidence for this is limited.

A connection between mental illness and crime, especially violence, has been investigated for decades. The findings, however, are neither strong nor direct. How mental illness is defined can dramatically influence how it is associated with crime. Research has found that psychiatric disorders were compounded by extremely high levels of drug and alcohol abuse.

- McSherry, B., 2002. Risk assessment by mental health professionals and the prevention of future violent behaviour, Criminology Research Council, Canberra, ACT. (http://www.aic.gov.au/crc/reports/200001-18.html)

This is the complete report summarised by the Trends and issues paper referred to earlier in this document. The report examines the current legal and ethical back ground to risk assessment for the purpose of preventing future serious injury to others. It outlines the concepts of risk assessment and risk management and the different ways in which risk can be measured. It now appears that there is some degree of consensus that well-trained mental health professionals should be able to predict a patient's short term potential for violence. The report also sets out the forensic context for risk assessment and outlines some of the areas of law where mental health professionals may be required to write reports or give evidence concerning risk of harm to others.

- Mullen, P., 2001. Mental health and criminal justice: a review of the relationship between mental disorders and offending behaviours and on the management of mentally abnormal offenders in the health and criminal justice services, Criminology Research Council, Canberra, ACT (http://www.aic.gov.au/crc/reports/mullen.html)

This paper considers the current state of knowledge, research priorities and policy implications of the relationship between offending behaviour and major mental disorder, intellectual disability, brain damage and neurological disorders including epilepsy, and substance abuse; the methodological limitations of existing studies; effect size and practical significance; the step from associations to risks, and from risks to predictions; the influences of changing patterns of mental health care service delivery and the burgeoning prison population; managing mental disorders in the criminal justice system; and managing the risk of future offending among the mentally disordered in the mental health services.

Criminal Justice Response to Mental Health Issues

People who may be suffering from mental ill-health can pose particular challenges for police, courts and prisons. The public mental health system is often stretched in terms of resources, which can mean it is difficult to take on the added responsibilities and complicated issues associated with a mentally ill person arrested or imprisoned for criminal behaviour.

Courts

The Magistrates Court Diversion Program was established in **South Australia** in 1999 as a South Australian Cabinet funded pilot project under the judicial supervision of a Magistrate. In 2001, funding was allocated to continue and expand this program. The program aims to meet the needs of those individuals appearing in the Magistrates Court of South Australia who have committed certain minor and summary offences, and who have impaired intellectual or mental functioning arising from:

- mental illness;
- intellectual disability;
- a personality disorder;
- acquired brain injury, or
- a neurological disorder including dementia.

The program provides an opportunity for eligible individuals to voluntarily address their mental health and/or disability needs and any offending behaviours, while legal proceedings are adjourned. It is not a service provider in itself, but facilitates a range of health and other appropriate services to assist individuals who would otherwise be left to continue through the criminal justice system with unresolved mental health or impairment problems.

In the **Australian Capital Territory**, the Mental Health Tribunal in the Magistrates Court hears applications for orders for the treatment and care of people who may be suffering from a mental illness or mental dysfunction. The Tribunal may also consider applications for the release of people involuntarily detained under emergency detention and care as well as applications for the administration of convulsive therapy. In addition, the Tribunal may, upon referral by a Court, consider whether a person

charged with a criminal offence is mentally ill or mentally dysfunctional and/or whether a person is fit to plead. If required, the Tribunal may make orders for their treatment and care.

In **Queensland**, the Mental Health Court is a specialist mental health tribunal constituted by a judge who is assisted by two psychiatrists. It is an institution unique to Queensland, which determines questions of criminal responsibility, hears from the Mental Health Review Tribunal and carries out investigations into the detention of patients in authorised mental health services. By far the greatest part of its work is in determining question of criminal responsibility, for example questions of sanity at the time of an offence and fitness for trial.

Mental health tribunals also operate in **New South Wales, Victoria, Western Australia and the Northern Territory.**

Protocols between police and mental health services
Protocols between the police and mental health services exist in all States and Territories in Australia.

Prisons
There are many people in Australian prisons who have some form of mental illness. In all States and Territories, there are protocols for dealing with prisoners with mental health problems. Basically, these include the following principles:

- Access to the equivalent service as a non-offender.
- Access that is timely, skilled, culturally appropriate.
- Comprehensive range of services.
- Services integrated and connected.
- Staff appropriately trained and skills maintained.
- Service delivery transparent and accountable.
- Individualised care.
- Treatment environment appropriate.
- Judicial determination of detention/release.

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