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The Relationship between Mental Health and Criminality

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Abstract

Psychological maladjustment is a developing cultural concern, influencing over 20% of the American populace. Albeit dysfunctional behavior is treatable, as a country we find many cases in which it is passed on untreated because of low pay, absence of assets, or absence of help. As per the Public Partnership on Psychological maladjustment (2017), mental issues are the main source of handicap (lost long stretches of useful life) in North America, Europe, and, progressively, on the planet, generally striking people in the prime of their lives. Much more upsetting is the rising number of deranged people in the American jail framework. Research recommends that individuals with psychological sickness are overrepresented in the law enforcement framework by paces of two to multiple times everyone. The motivation behind this concise exploration blend is to analyses the commonness of an association between dysfunctional behavior and criminal culpable and to inspect elective clarifications for the expanded number of insane people inside the law enforcement framework.

Keywords: *Mental Health and Criminality, psychological sickness, criminal, maladjustment, mental issues*

Introduction

A psychological problem is generally characterized as a mental disorder or behavioral pattern associated with emotional distress or serious impairment (American Psychological Association, 2013). It is estimated that individuals with severe mental illness are 1.5 times as likely to be arrested as to be hospitalized for treatment of their mental disorder (Al-Rousan, Rubenstein, Sieleni, Deol, & Wallace, 2017; Morgan, Fisher, Duan, Mandracchia, & Murray, 2010; Torrey, Zdanowicz, Kennard, Sheep, Eslinger, Biasotti, & Fuller, 2014), making mental health a significant concern for law enforcement authorities.

The presence of mentally ill individuals within our prison system is not a new phenomenon; rather, it has been steadily growing over the years. Deinstitutionalization, a movement that began largely in the mid-1970s due to budget cuts, released a large number of mentally ill patients back into the community. This release left many patients homeless, increasing their rates of imprisonment primarily due to the lack of community care made available.

Rates of mental illness are increasing far faster in the US than in any other country in the world (World Health Organization, 2017). In a recent survey of the prevalence of mental illness in over 60,000 adults in 14 countries, the US had higher rates for depression, anxiety, eating disorders, and substance abuse compared to all other countries (WHO, 2017). The U.S. rate was significantly higher (27%) than that of any other country measured, including other industrialized nations such as Belgium, which showed a 12% illness rate. The increased number of diagnoses could be another reason for increased rates of mentally ill individuals in jail: the more prevalent in society, the more likely they are to be encountered in the law enforcement system. Theoretical causations of crime have also been used to explain the increased prevalence of the mentally ill in jails. Halleck (1971) stated illness and criminality should be viewed as patterns of behavior typical of the same individual, fitting a linear model in which one is determined by the other. He goes on to discuss his association between mental illness and criminality by addressing the concept of rationality. Halleck believes that rationality is demonstrated through adherence to the law, OK life goals, and appropriate behavior characteristics that are often lacking in the mentally ill as well as in the criminally corrupt. If the two groups can be considered irrational, there must be a connection (to what degree is unknown) between the two. According to this idea, incarceration is a necessary method of punishment for those who suffer from mental illness, as their behavior is not easily controlled through other means.

Whether due to deinstitutionalization, theoretical trends, variation in crime rates, or increased rates of mental illness diagnosis, there is a common theme in the literature: mental illness and criminality are linked. Although the extent of this relationship varies, something is cause for concern as the number of mentally ill offenders continues to increase. The following is a brief review of the literature on this topic. Bennett, Ogloff, Mullen, Thomas, Wallace, and Short (2011) examined the relationship between committing crime, the presence of schizophrenia, and substance abuse. The study used a data linkage design, using contacts recorded on two statewide databases, one of which recorded public mental health services contacts and the second recorded contacts with the police.

The estimated rates of schizophrenia disorders, substance abuse, and criminal convictions found among a population of 435 homicide offenders were compared with estimated rates in two composite comparison groups. Results showed of the 435 offenders, 38 (8.7%) had been diagnosed with a schizophrenia disorder; those who were diagnosed were 3 times more likely to commit crime compared to those in the general population. Rates of substance abuse were also significantly higher among crime offenders with schizophrenia disorders (39.5%) than among both the general population (26.1%) and those with schizophrenia but without substance abuse (8.9%).

Thompson, Wilson, and Robinson (2009) examined the hypothesis that rates of substance abuse and violence are similar between male patients admitted for mental care and their age-matched male siblings. 42 consecutive male admissions and 18 of their male siblings were assessed to determine rates of mental illness, violence, and previous substance use. Both groups showed high rates of substance abuse and offending. However, rates were higher among patients, suggesting (1) their substance abuse and violence cannot be entirely accounted for by familial factors alone, and (2) those with mental histories (specifically conduct disorders) combined with substance use are at an increased risk for violence.

Van Dorn, Volavka, and Johnson (2011) examined the relationship between mental illness and violence using data from the National Epidemiologic Study on Alcohol and Related Conditions (NESARC). Results showed those with severe mental illness (SMI), such as schizophrenia, bipolar disorder, and major depressive disorder, were significantly more likely to be violent, regardless of substance abuse (S/A), compared to those with no mental or substance use disorders. Those with co-occurring mental and substance use disorders had the highest risk of violence. Those in the SMI and S/A group had the highest rate of violence (9.41%), followed by those with other mental disorders (e.g., behavioral disorders) and S/A (7.19%), SMI alone (2.88%), S/A alone (2.49%), and other only mental disorders (1.43%). The comparison group (i.e., those without any disorders) had a rate of violence of 0.83%. Although a brief review, the connection between violence (crime) and mental illness is firmly grounded within the literature (Peterson, Skeem, Kennealy, Bawl, & Zvonkovic, 2014; Prins, Skeem, Mauro, & Link, 2015; Skeem, Winter, Kennealy, Loudon, & Tatar, 2014; Swanson, Robertson, Frisman, Norko, Lin, Swartz, & Cook, 2013). Despite this connection, many academics feel it is not the mental illness causing violence and thus increasing imprisonment rates; rather, it is the stigmatization, homelessness, and lack of mental health resources available to prevent such occurrences.

According to the National Institute of Justice (2017), the mentally ill are challenged by the generalizations and biases that result from misconceptions about mental illness. Social psychologists determine the impact of stigma is twofold: public stigma, the reaction that everyone has to people with mental illness, and self-stigma, the prejudice that people with mental illness direct toward themselves (Corrigan & Watson, 2002). One common misconception about those with mental illness is they are dangerous and, therefore, should be kept out of communities (e.g., incarcerated; Corrigan & Watson, 2002). Pescosolido and colleagues (2000) surveyed the American public (N = 1,444) using standardized vignettes to assess their views on mental illness and treatment approaches. Respondents rated schizophrenics (60.9%) and those with major depression (33.3%) as being significantly more likely to do something violent to others compared to those without mental illness

(Stuart, 2003). Fischer, Shinn, Shrout, and Tsemberis (2008) argue homelessness to be one of the main drivers of increased imprisonment rates of the mentally ill.

Conclusion

To summarize, the correlation between mental illness and criminal behaviour is an intricate and diverse matter. Although there is data indicating a correlation between specific mental disorders, such as schizophrenia, substance misuse, and violent behaviour, it is crucial to take into account alternate causes for the elevated rates of imprisonment among those with mental illness.

Phenomena including stigma, homelessness, and restricted availability of mental health care are major contributing factors in this occurrence. The rising number of mentally ill individuals in the criminal justice system can be attributed to deinstitutionalization, budget cuts, and the absence of community treatment. Although mental health therapy has proven to be successful in lowering crime and recidivism, a significant number of individuals with mental illness still lack insurance coverage or access to adequate services, hence worsening the issue.

It is imperative for society to confront the negative perception associated with mental illness and to offer sufficient assistance and resources to individuals who require it. Through the promotion of mental health awareness, enhancement of care accessibility, and implementation of impactful community-based interventions, we may strive to decrease the incarceration rates of individuals with mental illness and cultivate a society that is more empathetic and inclusive.

References

Al-Rousan, T., Rubenstein, L., Sieleni, B., Deol, H., & Wallace, R. B. (2017). Inside the nation's largest mental health institution: A prevalence study in a state prison system. *BMC Public Health*, 17(1), 342.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

Bennett, D. J., Ogloff, J. P., Mullen, P. E., Thomas, S. M., Wallace, C. C., & Short, T. I. (2011). Schizophrenia disorders, substance abuse and prior offending in a sequential series of 435 homicides. *Acta Psychiatrica Scandinavica*, 124(3), 226-233.

Byron, R. (2014). Criminals need mental health care: Psychiatric treatment is far better than imprisonment for reducing recidivism. Retrieved <https://www.scientificamerican.com/article/criminal-s-need-mental-health-care>