Profile of mentally ill offenders referred to the Free State Psychiatric Complex

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A relatively small number of persons with mental illness become involved in criminal acts that can be related to their mental disorder. Crimes are mainly property-related, and less often against persons (i.e. less violent crimes). The mental state of the defendant is usually brought to the attention of the criminal court through the bizarre nature of the crime, a known history of psychiatric treatment, or unusual behaviour by the accused following arrest.[1]

In South Africa a medical practitioner may be requested by the court to evaluate the mental state of a person charged with having committed a crime. If the finding is that an accused is sane, the proceedings take their normal course.[1, 2] If the doctor is of opinion that the accused is mentally ill, or if there is doubt concerning the accused's mental state, the court will then order that the accused be observed in a designated psychiatric hospital for a period not exceeding 30 days. The process is regulated by sections 77, 78 and 79 of the Criminal Procedures Act No. 51 of 1977.[3] In terms of this Act, the reporting psychiatrist or psychiatrists must report on two issues. Firstly (if the court requests it), whether the accused is suffering from a mental disorder that impairs his/her ability to follow court proceedings and to contribute meaningfully to his/her defence. Secondly (if the court requests it), whether the accused was impaired by a mental illness from appreciating the wrongfulness of his/her behaviour and from acting in accordance with such an appreciation. After due consideration of the report, and based on its findings, a court may deem an accused unfit to stand trial or not accountable for an alleged criminal act.

Before the appointed psychiatrist/s produce a report, the accused undergoes an evaluation by a multiprofessional team with regard to his/her eventual ability to stand trial and his/her eventual accountability. The evaluation includes a psychiatric interview, psychological tests, a physical examination, a psychosocial investigation and an evaluation of the facts of the case.

The evaluation centres on the clinical picture, psychiatric background, the individual's account of the crime and his/her ability to understand court proceedings. When needed, translators facilitate the process.

After all the necessary evaluations have been done, the multidisciplinary team formulates a diagnosis and comes to a conclusion regarding the outcome as requested by the court of law.

If a court of law accepts the psychiatric report and finds that an accused is unfit to stand trial and/or is not responsible for his/her actions owing to a mental illness, the court declares the accused a state patient. Following this the state patient is admitted to an approved psychiatric institution. The Free State Psychiatric Complex (FSPC) is one such institution.

Regulations pertaining to state patients fall under chapter 4 of the Mental Health Care Act.[4] There is no specific 'sentence' for these patients. One of the most important aspects in dealing with these patients is the evaluation of their potential risk to the community, i.e. whether they pose a danger to others.[5]

Roesch and Golding[6] found that mentally ill offenders were hospitalised for an average of almost 2 years. One hypothesis regarding length of hospitalisation is that defendants charged with violent crimes will be kept in hospital longer than those charged with less serious offences. In this study the majority of the defendants were charged with violent offences (murder, assault, rape and other violent offences). Psychiatric medication, especially tranquillisers, were used, especially in the case of incompetent defendants.

Yap *et al.*[7] conducted a study in Singapore involving 187 offenders, 165 males and 22 females. The typical offender was Chinese, male, unemployed and suffered from schizophrenia (45.5%), followed by mental retardation (12.8%) and personality disorder (9.1%). Sixty-three per cent of the offenders required treatment after commitment. Thirteen per cent had no psychiatric disorder. At the end of commitment, charges were dropped in 25% of cases. Theft was the most common offence. This was followed by sexual offences (molestation, outrage of modesty,

and exhibitionism). Offenders with schizophrenia were more likely than the others to have committed violent offences.

Relatively few research projects regarding mentally ill offenders have been undertaken in South Africa. Given this situation we undertook a study to determine the demographic, psychiatric and offence profile of mentally ill offenders.

Objectives

The aim of the study was to determine the demographic, psychiatric and offence profile of mentally ill offenders (state patients) referred to the FSPC from 2000 to 2004.

Method

Study design

A descriptive, retrospective study was undertaken.
The protocol was approved by the Ethics Committee of the Faculty of Health Sciences, University of the Free State. Permission to conduct the study was obtained from the Chief Executive Officer of the FSPC.

Study population

All state patients admitted to the FSPC during 2000 - 2004, who were found to be unfit to stand trial and/or not accountable, were included in the study.

Measurements

A computerised data form was created and used to capture the relevant information from each state patient's clinical file. This information included biographical data, psychiatric diagnosis and offence profile. The researchers completed the data forms from the contents of the state patients' files. This information was used to achieve the goals of the study.

Data interpretation and analysis

The analysis was done by the Department of Biostatistics, University of the Free State. The data were summarised using frequencies and percentages (categorical variables), and means or percentiles (numerical variables).

Results and discussion

Seventy-one state patients were included in the study. Most (94.4%) were males. The majority of the patients were aged 20 - 40 years (74.3%), with 35.8% in their twenties and 38.5% in their thirties. The mean age was 30.4 years (standard deviation (SD) 9.6), ranging from 14 to 67 years.

The majority of patients (66.2%) were unemployed, 15.5% were employed, 11.3% were pensioners, and 7.0% were on disability grants. The fact that more than half of the participants were unemployed is worrying. However, it should be borne in mind that the unemployment rate in South Africa is 41%.[8] A similar study by Yap *et al.*[7] also found that the majority of offenders were unemployed. In the present study 56 subjects (78.9%) were unmarried and 8 (11.3%) were married. This is understandable given that the average age at which South Africans enter into marriage is 30 years.[9]

The crimes were mainly against persons (77.5%), with rape being the most common (26.8%) (Table I). Of the 18 property-related crimes, one-third (*N* = 6) involved malicious damage to property (Table I). In this regard, Roesch and Golding[6] found that the majority of their participants were charged with murder, assault and rape. Yap *et al.*[7] reported that theft was the most common offence, followed by sexual offences.

There were various diagnoses. Schizophrenia (35.2%), mental retardation (22.5%) and psychoses other than schizophrenia (11.3%) were the most prevalent, followed by bipolar disorder

Table I. Offences committed (*N* = 71)

Offences committed	*N*	%
Against persons	55	77.5
Rape	19	26.8
Assault	11	15.5
Attempted rape	8	11.3
Attempted murder	5	7.0
Murder	5	7.0
Indecent assault	4	5.6
Assault with intent to do grievous bodily harm	1	1.4
Indecent exposure	1	1.4
Against property	18	25.4
Malicious damage to property	6	8.5
House breaking	4	5.6
Theft	4	5.6
Breaking and entering	3	4.2
Dealing in precious metals	1	1.4
Pretending to be a police officer	1	1.4
Reckless driving	1	1.4
Stock theft	1	1.4

(5.6%). Studies conducted by Gunn[10] and Yap *et al.*[7] found that the majority of participants were diagnosed with schizophrenia.

The reporting psychiatrist/s and the multiprofessional team responsible for the 30-day psychiatric observation (according to sections 77, 78 and 79 of the Criminal Procedures Act) found the majority of the participants (84.5%) not able to stand trial and not accountable. Seven per cent were considered not fit to stand trial and accountable, and 8.5% were considered not accountable and fit to stand trial (Table II).

Table II. Findings regarding accountability and triability (*N* = 71)

Finding	*N*	%
Untriable and unaccountable	60	84.5
Untriable and accountable	5	7.0
Unaccountable and triable	6	8.5

Slightly more than half of the participants (57.8%) received psychiatric medication. The most common drug prescribed was haloperidol (32.7%). Only 7 of the 71 participants had completed their rehabilitation programme by the time of the study. The remaining 64 were still on the programme. As already indicated, Roesch and Golding[6] found that mentally ill offenders were hospitalised for an average of almost 2 years. One of their hypotheses regarding the length of hospitalisation is that defendants charged with violent crimes will be kept in hospital longer than those charged with less serious offences.

Conclusion

The purpose of the study was to determine the demographic, psychiatric and offence profile of state patients referred to the FSPC from 2000 to 2004. Of particular interest was the high unemployment rate in our sample. Regarding the crimes committed, the majority were against persons, with rape being the most common. With regard to psychiatric diagnoses, the present study revealed that schizophrenia was the most common diagnosis. Another interesting finding of the study is that the majority of participants were considered to be both unfit to stand trial and unaccountable.

Although the present study revealed significant findings, the results should be interpreted with great care, especially as far as generalisation is concerned. For example, only state patients at the FSPC were included in the study. However, the significance of the study should not be underestimated – it not only contributes to important academic data in a field that has been largely neglected in South Africa, but also provides information on the demographic profile, psychiatric diagnoses and offence profile of state patients.

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