

# **CHAPTER I**

## **INTRODUCTION**

Psychiatry and crime are linked in certain ways. On one hand, we have criminal offenders with serious psychopathology, and on the other hand, we have psychiatric patients who may commit criminal offence during the influence of a psychiatric disorder. There psychiatrist in practice has to come in contact with the criminal justice system at some point of time in his career. Forensic Psychiatrist under whose realm these issues resides is a branch yet underdeveloped in India. The present paper reviews the internship between crime and psychiatry and the factors involved there in. This would introduce role of forensic psychiatry investigation. Mainly the psychiatry pointed out the study and treatment of mental illness, emotional disturbance, and abnormal behaviour.

Psychiatry is the medical specialty devoted to the diagnosis, prevention, and treatment of mental disorders. These include various maladaptations related to mood, behaviour, cognition, and preceptions. Initial psychiatric assessment of a person typically begins with a case history and mental status examination. Physical examinations and physiological test may be conducted. On occasion, neuroimaging or other neurophysiological techniques are used. Mental disorders are often diagnosed in accordance with clinical concepts listed in diagnostic manuals such as the International Classification of Disease (ICD), edited and used by the World Health Organization (WHO) and the widely used Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association.

The combined treatment of psychiatric medication and psychotherapy has become the most common mode of psychiatric treatment in current practice. Treatment may be delivered on an inpatient or outpatient basis, depending on the severity of

functional impairment or on other aspects of the disorder in question. An inpatient may be treated in a psychiatric hospital.

Forensic psychiatrists work with court in evaluating an individual competency to stand trial, defenses based on mental disorders, and sentencing recommendations. The two major areas of criminal evaluations in forensic psychiatry are competency to stand trial (CST) and mental state at the time of the offence (MSO).

The relationship between psychiatric illness and criminality has been the topic of intense debate and scrutiny in recent past in light of multiple mass shootings. While the renewed focus and media attention on the importance of mental health in the aftermath of such tragedies is a positive development, the relationship between mental illness and criminality is too often conflated. The society at large views behaviour and conduct problems as a symptom of a psychological disorder, which has led to the false public perception that equates criminality with psychiatric illness. The high level of reported mental illness in jail and prison populations is primarily due to false labelling of criminals as having a psychiatric illness. These figures are not always based on thorough medical and psychiatric evaluation and diagnosis, but rather as a result of social factors.

In previous studies they taking the age group of psychiatric criminals. Which age group is mostly doing the crime, and in that which gender (male/female) is commonly committed the crime. Rape, Murder, and Suicide etc are the general crimes. If they committed crimes depends up on the physical and mental behaviour of the criminal. Many criminals having mental disorders. So the psychiatric diagnosis also a reason for committing the crime. I am doing here taking the mental disorders of criminals, and find which disorder is the most common for criminals.

## **CHAPTER II**

### **LITERATURE REVIEW**

Noyes, A. P. (1934). *Modern clinical psychiatry*. Saunders. The first four chapters, devoted to a presentation of the fundamental concepts essential to an understanding of the problems of psychiatry, discuss the development of the mind and the levels of behavior attained, the question of psychic energy and the dynamics of behavior, particularly as expressed in emotions, instincts, and wishes, the role of conscious and unconscious processes and the problems of mental mechanisms and their motivations. Chapter 5 surveys the field of causation, presenting both physiogenic and psychogenic views regarding the nature and cause of mental disease. The next two chapters discuss symptomatology and the problems of psychobiological constitution and reaction types. Chapter 8 provides a guide for history-taking, an outline for mental examination, and the official classification of mental diseases.

Kanner, L. (1948). *Child psychiatry* (2nd ed.). Charles C. Thomas. It has been completely rewritten and enlarged. In the preface to this edition Dr. John C. Whitehorn characterizes the revision as "in many respects a wholly new work, reflecting, directly, his [Kanner's] own more fully matured perspective on the psychiatric problems of children and also reflecting, indirectly, the more mature condition of child psychiatry in general. Part 1 presents reviews the history of child psychiatry through the 20th century and discusses its relation to paediatrics and to adult psychiatry. Part 2 presents material of "Basic Orientation" to the understanding of child development including such topics as age, physical condition, intelligence, emotion, personality, and the attitudes of persons in the child's environment. Part 3 presents "Clinical Considerations" in discussions of the symptom, the psychiatrist's contacts with the child and his parents, examining and therapeutic methods. In part 4 special problems are presented classified

under 3 groups: those arising from physical illness, psychosomatic problems, and behavior problems. In the 3rd category special consideration is given to problems of eating, sleeping, speech, body manipulation, scholastic performance, sex, emotions, delinquency, psychoneuroses, and schizophrenia. Lists of references are given for each section, and there is a special bibliography of books and monographs on hysteria in children.

Davidson, H. A. (1952). *Forensic psychiatry*. Ronald Press Company. This manual has been written as a psychiatric-legal guide for physicians. Anyone who seeks to treat the human mind or to diagnose its vagaries must expect to be asked, now and then, to give oral or written testimony to some judicial tribunal. In such a situation, he has no choice but to accept, grudgingly or gracefully, the role of expert witness thus thrust upon him. But when he enters the legal arena, the expert witness may well feel the need of practical medico-legal help. The psychiatrist, for example, may find it necessary to prepare a court report on the responsibility of an accused person, or on some question concerning the welfare of a child.

Kaplan H.I., and Sadock, B.J. (1988). *Synopsis of psychiatry; Behavioural Science Clinical Psychiatry* Williams and Wikin's Co. This "Synopsis" contains many of the highlights of the forthcoming edition of the "Comprehensive Textbook of Psychiatry." This book serves as a guide to that edition, which enables the student to read about any subject in more depth written by an expert in that area. Additionally, there is much content that is original and new, written by the authors specifically for this "Synopsis" and synthesized and adapted for student use. This "Synopsis" is therefore a complete and up-to-date revision with new emphases for the practice of psychiatry of the 1990s.

Gelder, M., Gath, D., & Mayou, R. (1989). *Oxford medical publications. Oxford textbook of psychiatry* (2nd ed.). Oxford University Press. This textbook of clinical psychiatry provides an introduction to all the clinical topics required by the trainee psychiatrist. It deals mainly with general adult psychiatry, but also includes introductory chapters on the sub-specialities of child psychiatry, mental retardation, and forensic

psychiatry. The section on general psychiatry includes chapters on organic mental disorders, the major functional mental illnesses, neuroses, personality disorders, Psychosexual disorders, dependence on alcohol and drugs, and the psychiatry of old age. Throughout the book there is emphasis on the basic clinical skills required for the full assessment and understanding of the patient. Particular emphasis is given to psychiatric treatment. Two chapters are devoted to specific methods of treatment, and one to the organization of services. Other chapters deal with the treatment of individual syndromes. Discussion of treatment includes not only general principles, but also practical problems in the management of individual patients. The book is intended mainly for psychiatrists in training, but will also be useful to medical students, general practitioners, and other psychiatrist.

Kaplan, H. I., Sadock, B. J., & Grebb, J. A. (1994). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences, clinical psychiatry (7th ed.). Williams & Wilkins Co. Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV)—relying completely on the new terminology and including DSM-IV diagnostic criteria for all mental disorders. It includes: all DSM-IV diagnostic criteria; a psychopharmacology section, expanded and updated to include all new drugs and those in preparation; a new discussion of pregnancy and prenatal life; completely updated sections on the brain and behavior with the latest on brain imaging, neurophysiology, and neurochemistry; behavioural genetics; the socioeconomics of medicine, including a description and critique of the Clinton health plan.

Asperger's Disorder and Criminal (1999), Barbara G. Haskins, MD, and J. Arturo Silva, MD. Asperger's Disorder remains an under-diagnosed condition because of clinical unfamiliarity with its adult presentation. As forensic clinicians become familiar with the presentation of Asperger's disorder, it appears that affected individuals are over-represented in forensic criminal settings. Unique features of such persons may heighten their risks for engaging in criminal behavior. Both Theory of Mind deficits and a predilection for intense narrow interests, when coupled with deficient social awareness of salient interpersonal and social constraints on behavior, can result in

criminal acts. We discuss comorbidities of forensic relevance. We present several cases that highlight these issues and review the relevant forensic literature. Furthermore, there may be valid questions as to degree of criminal responsibility in such persons. From a neuropsychiatric perspective, these disorders appear to have a biological underpinning for deficits in empathy, a finding that may have important repercussions when assessing remorse in criminal proceedings.

Psychopathy and Axis I and Axis II psychiatric disorders in a forensic psychiatric population in Sweden- E. G. Stålenheim L. Von Knorring (2000). The relationship between psychopathy and mental disorders was investigated in 61 male subjects during a forensic psychiatric examination. The Psychopathy Checklist Revised (PCL- R) and the Structured Clinical Interview for DSM- III- R (SCID) were used for the assessments. Although psychotic subjects were excluded, the overall psychiatric morbidity in the study population was high. Comorbidity was common, irrespective of the degree of psychopathy. Psychopathy was strongly positively correlated with substance abuse/dependence but negatively correlated with depression. Almost all of the subjects with high PCL- R scores had DSM- III- R antisocial and/or borderline personality disorders. However, some subjects with antisocial personality disorders had medium or low PCL- R scores. When the subjects were reassessed with diagnoses of DSM- IV and ICD- 10 personality disorders, the difference between psychopathy and antisocial personality disorder was reduced.

Law of initial value in neurology and psychiatry. Journal of Nervous and Mental Disease (2005). Experimental and theoretical progress is handicapped by a disregard of the Law of Initial Value which states that "there is a specific inverse relation between the intensity and direction of a response to a stimulus, on one hand, and the pre-experimental level of a function tested on the other." A brief survey is presented of the large but scattered neurological and psychiatric literature, and indications are given of the practical and theoretical possible applications of this law.

Neurochemistry and Child and Adolescent Psychiatry (2015). This article reviews some of the neurochemistry and neurophysiology of three neurotransmitters:

dopamine, norepinephrine, and serotonin. These neurotransmitters are selected because they appear to be involved in the regulation of several important behavioural systems that help regulate the interaction of the organism with its external environment, because many of the psychotropic drugs' modes of action may be result from their effects on these neurotransmitter systems, and because the majority of neurochemical studies in child psychiatry have focused on these three neurotransmitters. After the review of the neurotransmitter systems, neurochemical studies in several child psychiatric disorders are reviewed to illustrate possible biochemical/behavioural relationships in child psychiatry.

**CHAPTER III**  
**AIM AND OBJECTIVES**

**AIM**

The aim of the study is, assessment of individuals with psychiatric disorder among the crime area, and the statistical study of mental disorder of criminals.

**OBJECTIVES**

- Statistical analysis of psychiatric criminals
- Identify the most common mental disorder for committing crime



## **CHAPTER IV**

### **MATERIALS AND METHADODOLOGY**

#### **MATERIALS**

Database of psychiatric criminals from district crime record bureau.

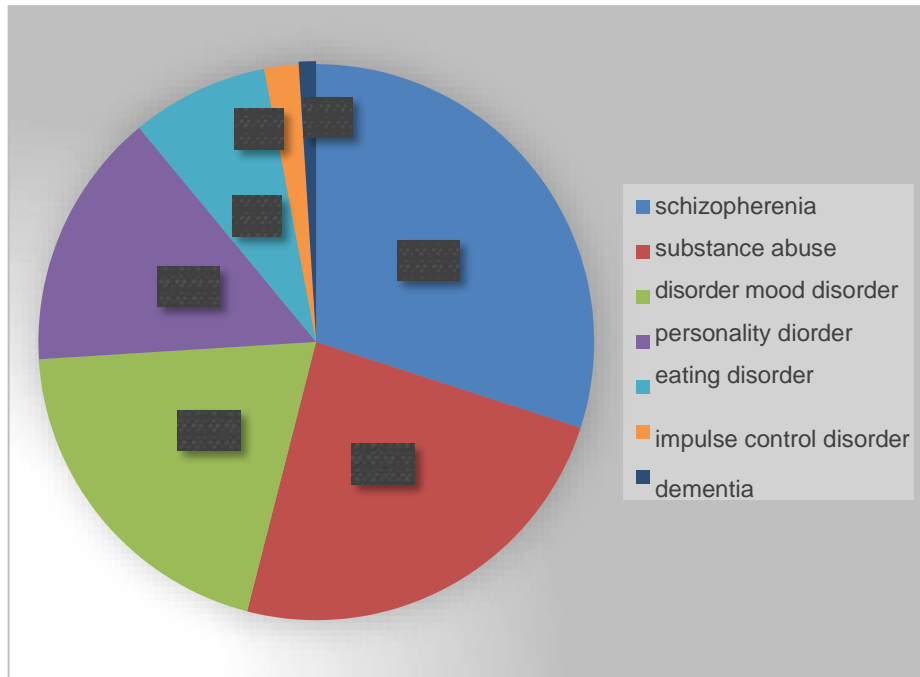
#### **METHADODOLOGY**

The data was collected from Govt. Medical College Kottayam, District Crime Record Bureau Kottayam, and Sub Jail Kottayam. Total 500 cases was collected for the study data and analyze the data and made a statistical data of the psychiatric disorder.

**CHAPTER V**  
**OBSERVATION**

NO OF CRIMES	PSYCHIATRIC DISORDERS
150	Schizophrenia
120	Substance abuse disorder
100	Mood disorder
75	Personality disorder
40	Eating disorder
10	Impulse control disorder
5	Dementia

**Table 1: Table shows the no. of crimes of psychiatric disorder**



**Graph 1: pie graph showing the psychiatric disorders and its percentage**

## **CHAPTER VI**

### **RESULT AND CONCLUSION**

#### **RESULT**

This shows the common psychiatric disorder is “Schizophrenia”. From the 500 cases which I have examined, the 30% of peoples showing this disorder. Schizophrenia is a disorder that affects a person’s ability to think, feel and behave clearly. Depression, social withdrawal, inability to cry or express joy or inappropriate laughter or crying, over sleeping, unable to concentrate are some of the major and common symptoms of schizophrenia.

#### **CONCLUSION**

The most common psychiatric disorder is Schizophrenia. The 30% of people shows schizophrenia. Symptoms such as hallucinations and delusions usually start between age 16 and 30. Men tend to experience symptoms earlier than women. And 24% people showing substance abuse disorder. Now a days these disorders also common in our society. Alcohol use disorder and Drug use disorder are the common substance abuse disorders. A person’s genes, the action of the drug, peer pressure, emotional distress, anxiety, depression and environmental stress can all be factors. Many who develop substance use problems have depression, attention deficit disorder, post-traumatic stress disorder, or another mental problem. 20% people having mood disorder. Mood disorder is a broad term that’s used to include all the different types of depression and bipolar disorder, both of which affect the person’s mood may range from extremely low to extremely high or irritable (manic). 15% people having personality disorder. This is also a type of mental disorder in which a person has a rigid and unhealthy pattern of thinking, functioning and behaving. A person with personality

disorder has trouble perceiving and relating to situations and people. 8% show eating disorder, these type disorder are serious conditions related to persistent eating behaviors that negatively impact your health, your emotions and your ability to function in important areas of life. The most common eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder. Women with anorexia nervosa or bulimia are up to four times more likely to be convicted of theft, often petty thefts like shoplifting. 2% of people have impulse control disorder. An impulse control disorder is a condition in which a person has trouble controlling emotions or behaviors. Often, the behaviors violate the rights of others or conflict with societal norms and the law. Remaining 1% have dementia. A group of thinking and social symptoms that interferes with daily functioning. When people with Alzheimer's do develop behavioral problems or aggression, it's usually when the disease is in a more advanced stage. Most people with Alzheimer's don't commit crimes. And when they do, experts say, they should not be held responsible for their actions, since it is the result of a brain disease. It has been proposed that there is a particular link between creativity and mental illness.

In many countries there continue to be conflicting opinions and mechanisms regarding the appropriateness of treatment and/or punishment for mentally ill individuals who commit crimes. The general population is concerned with public safety and often finds it difficult to accept the possibility that a mentally ill individual who commits a crime can be hospitalized and eventually discharged, sometimes after a relatively short time. In most countries the options of incarceration and hospitalization are available in concert. In some, incarceration occurs before hospitalization. In others, hospitalization is first, followed by a prison term. An additional option could be "treatment years." The court would determine the number of years of treatment required, according to the crime. This dilemma has no unequivocal solution. The goal is to reach a balance between the right of the patient to treatment and the responsibility of the courts to ensure public safety.

## CHAPTER VI

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