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# VII. Police Contact

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Although there has been no truly satisfactory study of the association between antisocial behaviour and psychosis, a variety of sources suggest a greater than chance association between the two (Taylor, 1987), and in particular there is evidence of a substantial increase in violent behaviour in association with schizophrenia (Taylor & Gunn, 1984). There is also evidence of the possibility of over-representation of mentally ill people in arrest statistics, because of an increase in police concern (Teplin, 1985; Taylor, 1987). Studies in this area may concern rates of psychiatric disorder among persons in judicial circumstances (e.g. Taylor & Gunn, 1984), but the Harrow study provided an opportunity of examining the extent and nature of behaviour leading to police contact in a large, unselected sample of schizophrenic patients followed up for up to 13 years.

## Method

The methods of identifying and tracing the patients are described in detail in Paper I.

Extensive details referring to the index admission and to earlier times were recorded from the case notes of all 532 patients who fulfilled the entry criteria for the study. These included police contact, coded on a yes/no basis, although some details were noted in those in whom such contact had occurred. More specific details of police contact subsequent to the index admission were sought in the patients who were actually interviewed, and 327 of the 339 patients seen co-operated with this aspect of the inquiry. Patients were directly asked whether they had had any police contact since discharge following their index admission. They were asked about the nature of this contact, of any charges, and of any convictions.

Table 1
Patients' contacts with the police after discharge, subsequent to index admission ($n = 327$)

| | Number (%) of patients |
|---|---|
| None | 228 (69.7) |
| Yes but not charged | 38 (11.6) |
| Charged but not convicted | 22 (6.7) |
| Convicted | 38 (11.6) |
| Undetermined[1] | 1 (0.3) |

1. Patient gave account which could not be checked but was probably delusional.

## Results

### Concerning the patients' accounts of police contact subsequent to discharge following the index admission

Just over 30% of the sample had had contact with the police (Table 1). Each patient appears only once and is recorded under the most serious category, that is, if a patient has been convicted on one occasion and charged but not convicted on another, he is recorded as 'convicted'. There was no significant effect of race in relation to police contact. Thirty-eight patients had had contact with the police but had not been charged (Table 2). Clearly, no charges would have been considered in the case of those patients whose contact resulted only from police involvement in their transfer to hospital or in those whose involvement concerned relatives, but in some of the patients the behaviour could have resulted in charges, and there was certainly no lack of evidence (the lady who attempted to stab her baby son made a determined attempt with a sharp knife in front of several professional witnesses). In these cases it appeared that no charge was brought because the

Table 2
Nature of circumstances over which patient had contact with police but was not charged

| | Number of patients |
|---|---|
| Police involved in bringing patient to hospital for admission | 13 |
| Parents involved police over son's behaviour (not delusional) | 2 |
| Patient consulted police about her delusions | 1 |
| Disturbed behaviour | 5 |
| Stopped and searched for drugs | 2 |
| Fighting | 2 |
| Tried to enter 10 Downing Street | 1 |
| Attempted to jump from railway bridge | 1 |
| Possession of offensive weapon | 1 |
| Drunk and disorderly, combined with indecent exposure and assault | 1 |
| Indecent behaviour (naked in street) | 1 |
| Threatened wife and children, with possible actual bodily harm | 1 |
| Assaulted parents | 1 |
| Broke into chemist with intent to steal drugs | 1 |
| Breaking and entering, combined with disturbed behaviour | 1 |
| Driving stolen car and police called when patient fighting with mother | 1 |
| Attacked wife | 1 |
| Shoplifting plus attempted stabbing of baby son | 1 |

One patient, not included here, was arrested for interfering with young girls at a swimming pool and was brought to hospital – may yet be charged.



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Table 3
Nature of offences with which patients were charged but not convicted

| | Number of patients |
|---|---|
| Drunk and disorderly | 3 |
| Shoplifting | 2 |
| Disorderly behaviour | 2 |
| Drunk driving | 1 |
| Possession of cannabis | 1 |
| Receipt of stolen goods | 1 |
| Malicious damage to property | 1 |
| Running an illegal lottery | 1 |
| Theft and obstructing the police | 1 |
| Indecent exposure and threatening behaviour | 1 |
| Carrying an offensive weapon (a knife) | 1 |
| Living on immoral earnings and breach of the peace | 1 |
| Assault | 1 |
| Child abuse | 1 |
| Possession of offensive weapon and attempted stabbing | 1 |
| Arson | 1 |
| Grievous bodily harm | 1 |

One additional patient, previously charged with urinating in public, had been involved in a car accident in which someone had been killed. Charges are pending.

Table 4
Nature of offences of which patients were convicted ($n = 38$)

| | Number of patients |
|---|---|
| *Driving offences* | |
| Speeding | 2 |
| Taking and driving away, and speeding | 1 |
| Taking and driving away, and drunk driving | 1 |
| Carrying a pillion passenger on a scooter | 1 |
| Driving without road tax and insurance | 1 |
| Driving without due care and attention | 1 |
| *Offences actually or potentially dangerous to persons* | |
| Assault of police and grievous bodily harm | 1 |
| Carrying an offensive weapon (a knife) | 1 |
| Attempted murder of grandchild | 1 |
| Grievous bodily harm, actual bodily harm, and three convictions of indecent assault | 1 |
| Assault of police | 1 |
| Attacked mother, causing actual bodily harm | 1 |
| Murder (stabbing to death of a stranger) | 1 |
| Assault of elderly woman | 1 |
| Theft, criminal damage, arson, and abandoning a dog in a flat | 1 |
| Threatening behaviour (repeatedly threatened to kill child of a member of staff) | 1 |
| *Offences against property* | |
| Theft | 5 |
| Shoplifting | 2 |
| Possession of drugs | 2 |
| Fraud | 2 |
| Taking and driving away, and several breaches of the peace | 1 |
| Vagrancy | 1 |
| Shoplifting, trading without licence, begging, theft, fraud of Department of Health and Social Security | 1 |
| Criminal damage | 1 |
| Speeding, drunk driving, drunk and incapable | 1 |
| Breaking and entering | 1 |
| Theft and malicious damage | 1 |
| Breach of the peace | 1 |
| Theft, criminal damage, and vagrancy | 1 |
| Fraud and theft | 1 |

patient was clearly mentally ill and had been admitted to hospital. These 38 cases consisted of 18 white men, 13 white women, three Asian women, three Asian men and one black man.

In 22 cases charges were brought, but the patient was not convicted (Table 3). In general, in these cases it appeared that the charges were dropped because of the patient's mental condition and circumstances. These 22 patients consisted of 14 white men, two white women, three Asian men, two black men, and one black woman.

Thirty-eight patients (27 white men, five Asian men, three white women, and three black men) had been convicted of offences and the nature of these is shown in Table 4. It is evident that although serious violence did occur, only eight of the 327 patients interviewed were convicted of offences against the person, although two more were convicted of offences (arson and threatening behaviour) which could have resulted in serious harm to others. Information about the mental state at the time of the offence is not available in all of these cases, but the patient who committed murder, the patient who attempted to murder her grandchild, and the patient who was convicted for grievous bodily harm, actual bodily harm and on three occasions for indecent assault, all clearly acted under the influence of delusions. Four of the patients were seen in judicial circumstances and the nature of their offence and place of detention are described in Table 5.

**Concerning information obtained from the case notes about events before the index admission**

This information is less securely based than that obtained from the patients at follow-up interview because we have no means of knowing how carefully this information was elicited or recorded. Sometimes the accounts of the nature of the contact is unclear and details about charges and convictions were not recorded in a standardised manner. Of the 532 patients, 132 were said to have had contact with the police, while 400 had not. An attempt was made to classify these contacts. In 13 patients the contact was restricted to police assistance with admission, and 27 patients had been arrested for disturbed behaviour. In three patients the offence was of loitering, in five threatening behaviour, in eight indecent behaviour, while six patients were involved in drink- or drug-related offences and five with driving offences. Twenty-eight were said to have committed offences against property and 20 offences against persons. The remaining contacts could not be classified in these terms. They include five patients recorded as having

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Table 5
Cases seen in judicial circumstances

| Legal situation | Place of detention |
|---|---|
| Charged with possession of offensive weapon and attempted stabbing. Not tried | Rampton Special Hospital |
| Convicted of theft, criminal damage, arson and abandoning dog in flat | Gloucester Prison |
| Convicted of threatening behaviour (repeatedly threatened to kill child of a member of staff) | Broadmoor Special Hospital |
| Convicted of murder (on basis of delusions about Afro-Caribbeans, stabbed an African student who was a stranger to him) | Rampton Special Hospital |

served a prison sentence (sometimes abroad) for an offence which was unclear, one case of arson, two of deception, two of possession of an offensive weapon, one of illegal immigration, one of begging, one of breaking a court injunction, one of travelling on public transport without a ticket, and others relating to psychotic behaviour which could not be further specified.

The 132 cases consisted of 99 men and 33 women. Race is only recorded in the 78 of the 132 patients who participated in the follow-up interview. These 78 patients consisted of 63 men (46 white, 9 Afro-Caribbean, 7 Asian, 1 of mixed race) and 15 women (11 white, 4 Afro-Caribbean). Compared with total sample in whom race is known, there is a significant excess of men ($P<0.002$) and a significant excess of Afro-Caribbeans ($P<0.0001$). As noted above, Afro-Caribbeans were not, however, over-represented among those in contact with the police subsequent to the index admission.

## Discussion

There was an account of police contact before the index admission in 25% of these patients and 30% of those interviewed reported police contact during the follow-up period. Comparisons in rates of offending between the psychiatric patients and the general population is complicated by the need to correct for socio-economic factors. McClintock & Avison (1968) compiled tables based upon data for the year 1965 which estimate for the population of England and Wales the lifetime risk of appearing in the criminal statistics. They estimated that the lifetime risk of conviction for any indictable offence was then 29.5% for males and 7.9% for females. Higher rates than this have been reported for some groups of schizophrenic patients. For example, Zitrin *et al* (1976) found that 10% of 403 schizophrenics were arrested for violent crime and 11% for non-violent crime in the two years following their discharge from hospital. Some of these offenders were abusers of alcohol or drugs in addition to having schizophrenia, and the rates of offending were below those of drug-dependent or alcoholic persons in the district and only slightly above the high rates of the general population from this catchment area. Nonetheless, it was reported (Tidmarsh, 1990) that it was considered that the actions of the authors (Zitrin *et al*, 1976) in writing their paper had brought discredit upon mentally ill people.

Clearly, premature conclusions in this area would be unwise (Rabkin, 1979), and without figures for offending for a carefully matched population from the same area as the relevant sample, we prefer to report rather than interpret the findings. It is in any case clear that many of the police contacts relate to the circumstances of the patient's admission or disturbed behaviour in public places: it is obvious that police contact of such kinds would be likely to be relatively common in psychotic people and indeed was noted in the Northwick Park study of first episodes of schizophrenia (Johnstone *et al*, 1986). Although detailed comparisons with the Harrow population taking into account the age and socio-economic status of the patients have yet to be carried out, the rate of offending in the patient sample does give cause for concern. Many of the offences were minor, but a few were very serious and it is hoped that more detailed study of these data may provide evidence which will be helpful in estimating the risk of such behaviour.

Acknowledgements, references, and authors' details are given at the end of Paper IX, pp. 44–46.

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