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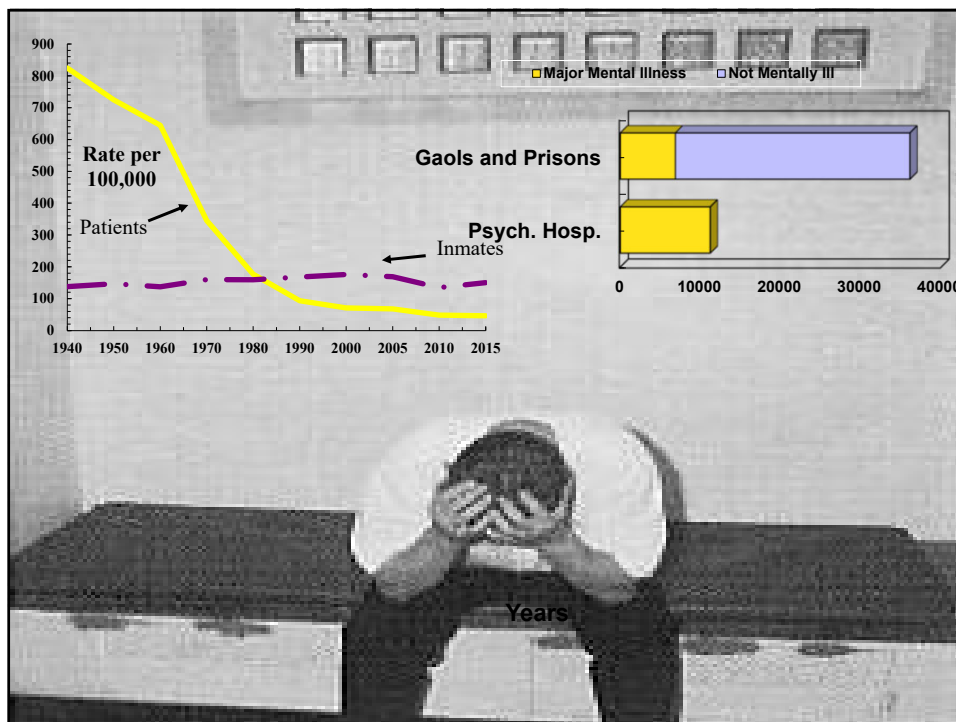


Centre for Forensic
Behavioural Science

Understanding the Relationship between Mental Illness, Substance Misuse and Offending

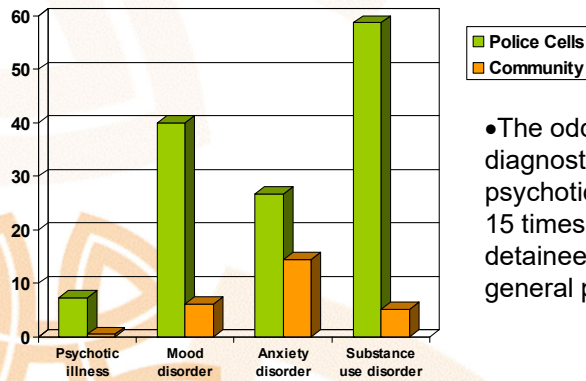
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1



2

Prevalence of mental illness in police cells compared to the community?



- The odds of meeting diagnostic criteria for a psychotic disorder were 15 times higher in detainees than in the general population.

Ogloff, J.R.P., Warren, L.J., Tye, C., Blaher, F. & Thomas, S.D.M. (2010) Psychiatric symptoms and histories among people detained in police cells. *Social Psychiatry and Psychiatric Epidemiology*, 46, 9, 871-880

3

Symptoms in Police Holding Cells: Drug/Alcohol Use

% of people who reported using or abusing alcohol or other drugs in the 6 months prior to being detained:

- 71.4% of women
- 71.0% of men

% of people undergoing withdrawal whilst in custody

- 14.3% of women
 - 23.5% of men
- } 22.9% in total

Ogloff, J.R.P., Warren, L.J., Tye, C., Blaher, F. & Thomas, S.D.M. (2010) Psychiatric symptoms and histories among people detained in police cells. *Social Psychiatry and Psychiatric Epidemiology*, 46, 9, 871-880

4

ASSOCIATION BETWEEN MENTAL ILLNESS AND OFFENDING

5



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Prevalence and Odds Ratios for Offences in the Schizophrenia and Community Samples in Victoria (Short, Thomas, Mullen & Ogloff, 2013)

- Case linkage study

	Schizophrenia (N=4168)	Community (N=4641)	Odds Ratio
Any Offence	22.9% (n=953)	7.7% (n=357)	3.56
Violent Offence	10% (n=416)	2.4% (n=110)	4.57
Non-violent Offence	21.7% (n=904)	7.2% (n=332)	3.60

→ A significant proportion (45%) of offending patients committed their offences whilst on an involuntary community treatment order.

6

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Comparison of Offending between the Co-morbid Sample, Schizophrenia-Only Sample, and Community Sample

Sample	% guilty of any offence	% guilty of a violent offence	Odds Ratios	
			Violent Offending & Schizophrenia Alone	Violent Offending & Community Sample
Schizophrenia + Substance Abuse (N=913)	46.8% (n=427)	22.8% (n=208)	3.32	8.60
Schizophrenia Alone (N=3255)	16.2% (n=526)	6.4% (n=208)	-----	2.65
Community (N=4,641)	7.7% (n=357)	2.4% (n=110)	-----	-----

7

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Why don't all people with mental illness offend?

8

Why don't all people with mental illness or cognitive disabilities offend?

1. The factors that increase the likelihood of offending among people with mental illnesses have been found to be the SAME as those for people without mental illness
2. Comorbidities (which again are similar for people with and without mental illness)

Bonta, Blais, & Wilson, 2014

9

**The “Central Eight”
Criminogenic Needs**

History of Antisocial Behavior
Education/Employment
Family/Marital
Leisure/Recreation
Antisocial Associates
Substance Abuse
Antisocial Attitudes
Antisocial Personality Pattern

10



Relationship between Mental Illness and Offending

- Three general groups emerge
 1. **Causal.** Offend solely because of the mental illness (smallest group and rarest)
 2. **Contributory.** Offend as a result of the social consequences associated with mental illness (i.e., substance misuse, criminal associates) (largest group and most common)
 3. **Largely Irrelevant.** Would have offended regardless of the mental illness (early onset offending, antisocial)(relatively rare)

11



Rationale for forensic mental health services

- Risk assessment is not enough
- The ultimate goal of risk assessment is *prevention*
- Need for specific risk management strategies that stem from risk assessment procedures

12

THE IMPORTANCE OF COMMUNITY CARE AND SERVICES

13

The Importance of Community Mental Health Care:

Early Contact with Mental Health Services

(Adily et al., 2020)

- 7,030 offenders with psychosis in NSW on community justice orders (2001 – 2012)
- Investigated offending among those with and without clinical contact with MH services within 30 days of offending
 - Risk of reoffending 30% lower for men with 5 or more contacts versus those with no contact
 - Contact with mental health services was not associated with reoffending in female offenders

14



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The Importance of Community Mental Health Care

(Hwang et al., 2020)

- 4,960 offenders with psychosis in NSW on community justice orders (2001 – 2015) who engaged with community-based mental health treatment
 - Disengaged group were 2.76 x more likely to offend than those who remained engaged
 - Higher rates of reoffending found for those with substance-related psychosis, a history of violent offending, and those born overseas