



### I29 The Relationship Between Mental Illness, Criminal Offenses, and Discharge

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**Learning Overview:** After attending this presentation, attendees will understand the difficulty in discharging patients who have a history of incarceration and psychiatric illness. During this presentation, the relationship between mental illness, criminal offenses, and discharge will be discussed as well as the issues related to the legal and mental illness system of discharging patients with criminal offenses who suffer from psychiatric disorders.

**Impact on the Forensic Science Community:** This presentation will impact the forensic science community by educating attendees on the complex issues of discharging a stable psychiatric patient with a criminal history.

Due to the stigma and potential consequences of discharging a psychiatrically stable forensic patient, Loch argues that discharging a patient back to the community is a daunting and complex task that can be unfavorable to many patients.<sup>1</sup> Fazel et al conducted a study that involved 12,056 patients of which 53% were violent offenders.<sup>2</sup> That study concluded that there is evidence from psychiatric services that forensic patients have a lower offending rate than other groups being discharged. The study argues there is reluctance by hospital teams to discharge patients due to the “problematic transition” from the hospital to the community. The stigma and lack of assistance for forensic patients impedes their discharge into the community.<sup>2</sup> For many forensic patients, after prolonged hospitalization, there is a need of assistance and close supervision. The goal of the discharge objectives is to assist the patient as well as protect the public. Due to the potential concern of forensic patients committing a crime in the community due to psychiatric illnesses, the issue that arises is: the boundary between the right of the patient to be discharged versus the right of the public to be protected.<sup>3,4</sup> Violent behavior, social maladjustment, and stigma are negative setbacks that play an important role in discharge for forensic patients. This case report will illustrate the challenges of discharging a stable psychiatric patient who committed a serious crime due to a psychiatric illness.

The discussion will present the case of a 54-year-old African American female with a complex history of criminal offenses and a diagnosis of schizophrenia. The patient has multiple incidents of self-injuries secondary to auditory hallucinations. She was incarcerated from June 1982 to June 1987 and given a three-year probation sentence for armed robbery. She was later charged with murder and served 22/25 years for first-degree manslaughter. However, at the time of her release, she was transferred to a state psychiatric facility due to non-compliance and similar delusions to her instant offenses. Due to her poor response to anti-psychotics, she was treated with clozapine, which was titrated to reach therapeutic level. The patient improved significantly; however, she continued to suffer from paranoid, grandiose, and religious delusions. The patient has failed three Human Forensic Committee (HFC) interviews, which has brought her discharge into a rather complex situation. At her first hearing in September 2017, she was not approved for discharge because of her persisting delusions and intent to purchase a gun after discharge. Consequently, she failed another HFC interview in October 2017 because she believed that her crime was staged and that the man she killed was brought back to life. She believed that she was acting in good faith. Subsequently, through several interviews from November 2017 to June 2018, the patient has denied her intent to buy a gun. She believes that a gun is “inappropriate and improper.” Currently, the patient feels comfortable and confident enough to call the police if she ever feels threatened in the community. Due to the therapeutic effect of clozapine, she is more rational and logical, despite some persistent delusions. She is pleasant on the wards and participates in group activities and discussions. Her team feels ready to discharge her and the patient is awaiting another HFC interview.

This presentation will discuss the question: how is discharge affected by persisting psychiatric symptoms for patients who have a criminal history? This presentation will provide information from psychiatric evaluations, psychological evaluations, human forensic committee results, past medical history, criminal history, and previous psychiatric hospitalization.

#### Reference(s):

1. Loch, A.A. Discharged From a Mental Health Admission Ward: Is It Safe to Go Home? A Review on the Negative Outcomes of Psychiatric Hospitalization. *Psychology Research and Behavior Management*. 7: 137-145, 2014.
2. Fazel S., Fiminska Z., Cocks C., and Coid J. Patient Outcomes Following Discharge From Secure Psychiatric Hospitals: Systematic Review and Meta-Analysis. *The British Journal of Psychiatry*. 208 (1): 17-25, 2016.
3. Melamed, Y. Mentally Ill Persons Who Commit Crimes: Punishment or Treatment. *J Am Acad Psychiatry Law*. 38: 100-103, 2010.
4. Baillargeon J., Binswanger I.A., Penn J V., et al. Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door. *Am J Psychiatry*. 166:103-9, 2009.

#### Forensic Patient, Incarceration, Discharge