

Mentally disordered offenders

-a longitudinal study of forensic psychiatric assessments and criminal recidivism

Akademisk avhandling
för avläggande av medicine doktorsexamen vid Sahlgrenska Akademien vid
Göteborgs universitet kommer att offentlig försvaras i Sal 10 (Torgny Segerstedtsalen),
Universitetsbyggnaden i Vasaparken, Göteborg, torsdagen den 5 september 2013 kl. 13.00

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This thesis is based on the following studies, referred to in the text by Roman numerals.

- I. Lund C, Forsman A. Intended effects and actual outcome of the Forensic Mental Care Act of 1992: A study of 367 cases of forensic psychiatric investigation in Sweden. *Nordic Journal of Psychiatry* 2005, 59:381-387.
- II. Lund C, Forsman A, Anckarsäter H, Nilsson T. Early Criminal Recidivism Among Mentally Disordered Offenders. *International Journal of Offender Therapy and Comparative Criminology* 2012, 56: 749-768.
- III. Lund C, Hofvander B, Forsman A, Anckarsäter H, Nilsson T. Violent criminal recidivism in mentally disordered offenders: A follow-up study of 13-20 years through different sanctions. *International Journal of Law and Psychiatry* 2013, 36:250-257

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Abstract

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Background: During history, mentally disordered offenders have been in focus regarding responsibility for their crimes and imposition of punishment. The boundary stone of legal consequences for mentally ill offenders has been moved between ethical aspects and the possible link between crime and mental disorder. The current legislation, with a special sanction for mentally ill offenders, was revised 1992, introducing a narrower legal concept for forensic psychiatric treatment. **Objectives:** The overall aim was to describe how the variation in offenders with mental disorders, in different sanctions, was related to the outcome of criminality. Specific aims were to (1) compare the intention of the restricted criteria of mental illness in the Forensic Mental Care Act of 1992 with the actual outcome, (2) quantify early criminal recidivism in different forms of sanctions, and (3) to investigate possible predictive factors for long-term violent criminal recidivism.

Methods and Results: A population-based cohort of men with mental disorders, referred to pre-trial forensic psychiatric investigation before, and after the change in law, 1992, were compared. Contrary to the expectation, there were more treatment sanctions in the group 1993-95 due to more psychotic disorders (1). The incidence rates of crimes during two years after sentencing were compared between the study subjects in forensic psychiatric treatment, prison and non-custodial sanctions. These rates of crimes and specifically violent crimes were lower during the entire treatment sanction, compared to the two other groups, also at the diagnoses, which were most related to criminality. (2). During the long-term course (13-20 years) of violent recidivism, the role of index sanction disappeared, but differed between diagnostic groups, analyzed by Kaplan-Meier. A Cox regression analysis showed that the risk for violent recidivism was predicted by crime-related factors (3). **Discussion & Conclusion:** The increase in treatment sanctions after the new law may be associated with a fast reduction in hospital beds and lack of transposition of support facilities to the social service. As long as treatment sanctions was ongoing criminality was reduced, but for violent recidivism in the long run, previous crime-related characteristics were important factors.

Keywords: Personality disorders, Psychotic disorders, Substance abuse/dependency, Sanctions, Violent criminality, Criminal recidivism, Forensic psychiatric treatment, Long-term follow up.

ISBN: 978-91-628-8728-5