A Comparative Study of Offence Types among Forensic Psychiatry Patients Diagnosed with Schizophrenia and Mood Disorders in a Tertiary Care Hospital

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Abstract

Background: Psychiatric illnesses, particularly schizophrenia and mood disorders, are linked with a higher risk of criminal behaviour. Understanding diagnostic correlations with offence types is crucial for effective forensic and rehabilitative strategies. Marginalisation, inadequate recognition of psychiatric needs, and repeated incarceration worsen outcomes. Mental illness interacts with social, economic, and environmental stressors, demanding multidisciplinary and preventive approaches in forensic psychiatry. **Objectives:** To compare offence patterns among forensic patients with schizophrenia and mood disorders; to analyse demographic and clinical influences on legal outcomes; to assess the role of comorbidities in offence severity; and to propose frameworks for rehabilitation, early detection, and diversion to psychiatric care. **Methods:** A cross-sectional descriptive study was conducted on 60 forensic psychiatry patients (30 with schizophrenia, 30 with mood disorders) at a tertiary care centre. Data on demographics, diagnosis, offence type, substance use, comorbidity, and recidivism were collected using structured proformas. Statistical analysis included Chi-square tests and descriptive statistics, with subgroup analysis for recidivism. Ethical clearance was obtained from the institutional review board. **Results:** Violent offences were significantly higher among schizophrenia patients (100%) than mood disorder patients (33%). Substance use, particularly alcohol and cannabis, was prevalent in schizophrenia (70%). Murder and grievous hurt dominated schizophrenia cases, while mood disorder patients were more often involved in non-violent and property-related crimes. Comorbid medical conditions, ASPD traits (27%), and recidivism was higher in schizophrenia. Property offences predominated among remand prisoners with mood disorders. **Conclusion:** Schizophrenia is strongly associated with violent offences, underscoring the need for diagnosis-specific forensic interventions. Targeted treatment, risk assessment, and structured rehabilitation can reduce recidivism and enhance correctional mental health care. Policy reforms ensuring early psychiatric intervention and adequately trained correctional staff are vital.

Keywords: ASPD, Correctional Health, Forensic Psychiatry, Mood Disorder, Recidivism, Schizophrenia, Substance Use, Violence

1. Introduction

Mental illness is a key factor contributing to criminality, with schizophrenia and mood disorders among the most common psychiatric diagnoses seen in correctional settings. These conditions, especially when left untreated, are linked to impaired judgment, aggression, emotional dysregulation, and disinhibition, which may lead to conflict with the law[1,2]. Previous studies have consistently reported that individuals with schizophrenia are more likely to be involved in violent crimes such as assault or homicide, often triggered by delusions or hallucinations. Conversely, those with mood disorders, particularly bipolar disorder, tend

to commit impulsive or property-related offences, especially during manic episodes[1,5].

The legal consequences of psychiatric illness are often compounded by systemic delays in diagnosis and treatment. Environmental factors such as poverty, homelessness, and substance use further complicate the clinical picture. Comorbid antisocial personality traits and substance use disorders elevate the risk of both violent behaviour and repeat offending. The lack of mental health awareness among legal and correctional staff often results in inadequate rehabilitation and missed opportunities for diversion into psychiatric care.

This study seeks to bridge this gap by providing comparative insights into offence type's among mentally ill prisoners and aims to generate implications for forensic psychiatric evaluation, treatment planning, and correctional health policy.

2. Aim and Objectives

2.1 Aim

To compare the types of offences committed by forensic psychiatry patients diagnosed with schizophrenia and mood disorders.

2.2 Objectives

1. To assess the socio demographic and clinical profile of forensic psychiatry patients.
2. To compare the nature of offences between forensic psychiatry patients with schizophrenia and those with mood disorders.
3. To evaluate the association of substance use and comorbidities with offence types.
4. To analyse recidivism and other risk factors.
5. To examine the role of ASPD traits and their influence on offence severity.

3. Review of Literature

Numerous studies have reported high rates of severe mental illness in prison populations, particularly schizophrenia and bipolar disorder. Fazel and Grann showed a clear link between schizophrenia and violent crimes[1], which has been corroborated by Indian research focusing on psychosis and aggression. Substance abuse- especially involving alcohol and cannabis- is a frequent comorbidity that aggravates psychiatric symptoms and lowers impulse control, thereby increasing criminal risk.

The presence of Antisocial Personality Disorder (ASPD) traits further complicates clinical management and increases the likelihood of repeated offences[2]. Wallace et al. highlighted that chronic offending nun treated schizophrenia stems from systemic neglect and lack of early psychiatric intervention[3,2]. Swanson et al. emphasized integrating public health and policy approaches to reduce criminalisation of the mentally ill[4]. Mood disorders, though less commonly associated with violence, can result in impulsive or reactive offences during manic or depressive episodes, particularly when co-occurring with substance use.

Prolonged Duration of Untreated Psychosis (DUP), as Large et al. demonstrated, leads to worsened functional outcomes and increases offence risk[5]. Risk assessment tools like the HCR-20 are useful for structured forensic evaluations, though their application is limited in low-resource settings. Gender differences in offending patterns also underscore the need for gender-sensitive approaches in forensic psychiatry[5]. This study builds on such literature by examining prisoners with mental illness presenting to a tertiary care hospital.

4. Materials and Methods

Study Design: Cross-sectional descriptive study.
Sample Size: 60 (30 schizophrenia, 30 mood disorders).
Setting: Prisoner (Forensic Psychiatry) ward, Institute of Mental Health. Study Period: January to March 2025.

4.1 Inclusion Criteria

1. Age>18years
2. Diagnosed with schizophrenia or mood disorder per ICD-11.
3. Admitted to the forensic psychiatry unit.

4.2 Exclusion Criteria

1. Co-morbid intellectual disability.
2. Primary diagnosis of substance use disorder.

4.3 Data Collection and Analysis

Diagnoses were confirmed *via* clinical interview and review of medical records. Offence types were classified according to IPC sections and criminological standards

(violent *vs* non-violent). Details on substance use, comorbidities, psychiatric history, and legal status were obtained using structured proformas. Information was validated through prison records and psychiatric files. Statistical analysis was conducted using SPSS software. Categorical variables were compared using the Chi-square test, with p<0.05 considered statistically significant.

Sub group analyses were conducted based on legal status (remand *vs* convict), age, and recidivism risk.

5. Results (Including Observations)

The sociodemographic profile of participants is presented in Table 1. The average age was 34.7 years, with a male predominance (83%). A majority belonged to lower socioeconomic backgrounds and had low levels of education, with most not completing high school. Roughly half of the participants were married, and the majority followed Hinduism. Unemployment was highly prevalent prior to incarceration, reported in 85% of cases.

Among male prisoners, schizophrenia was overwhelmingly associated with violent crimes, comprising 92% of violent offenders. Female representation in both groups was low but notably higher in the mood disorder group. A significant proportion of individuals with mood disorders who committed non-violent crimes had no history of prior psychiatric treatment (67%), indicating gaps in early detection.

A higher prevalence of substance use (particularly alcohol and cannabis) was noted in the schizophrenia group (70%). Among offenders with substance use, 45% also had comorbid ASPD traits, which was associated with increased recidivism and offence severity. Low education (≤10th grade) was significantly

Table 1. Sociodemographic characteristics of participants

Variable	Frequency (%)
Age (Mean ± SD)	34.7 ± 8.1
Gender (Male)	83%
Gender (Female)	17%
Marital status (Married)	50%
Religion (Hindu)	78%
Socioeconomic status (Low)	95%

Table 2. Clinical characteristics by diagnosis

Variable	Schizophrenia (%)	Mood Disorders (%)
Duration of illness (Years)	9.8 ± 5.2	7.4 ± 4.5
Substance use (Yes)	70%	53%
Comorbid medical illness	40%	20%
Previous psychiatric admission	67%	45%
Poor drug compliance	60%	35%
Family history (mood disorders)	20%	40%

associated with offences like assault and public violence. Participants with comorbid medical illnesses (*e.g.* diabetes or epilepsy) tended to have longer durations of untreated psychiatric illness.

Clinical characteristics (Table 2) revealed that schizophrenia cases had longer illness duration, more frequent previous psychiatric admissions, and poorer drug compliance. Mood disorder patients showed a higher prevalence of family history of psychiatric illness and were more often compliant with treatment prior to incarceration.

Nature of offences is detailed in Table 3. All schizophrenia cases were involved in violent offences, where as 67% of those with mood disorders committed non-violent offences such as theft, trespassing, or property damage. Average number of offences per individual was higher in the schizophrenia group, although mood disorder patients had a higher conviction rate.
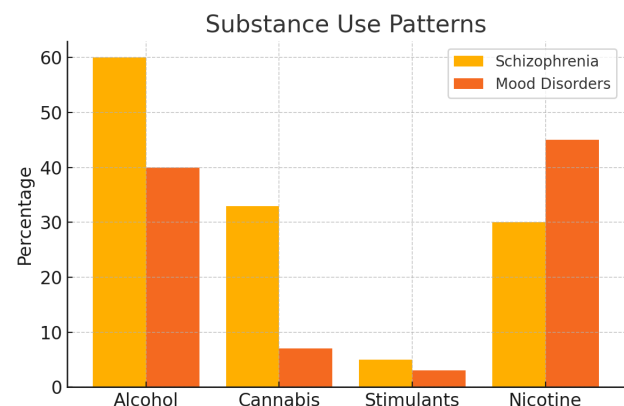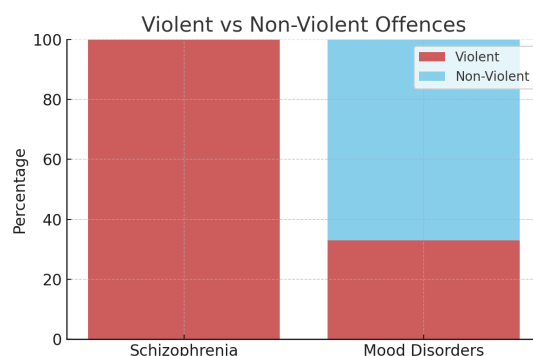

Figure 1. Substance use patterns in Schizophrenia and mood disorders.

Table 3. Nature of offence by diagnosis

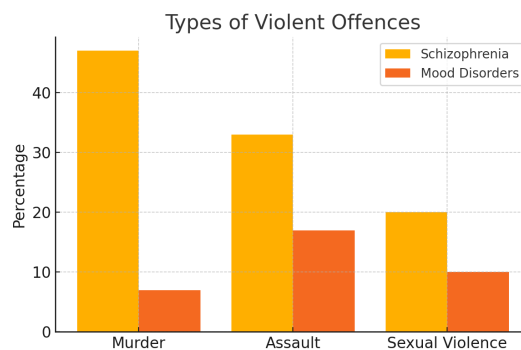| Offence Type	Schizophrenia	Mood Disorders
Violent	30 (100%)	10 (33%)
Non-violent	0 (0%)	20 (67%)
Mean offences per person	1.8	1.3

Figure 2. Distribution of violent and non-violent offences by diagnosis.

Table 4. Types of violent offences

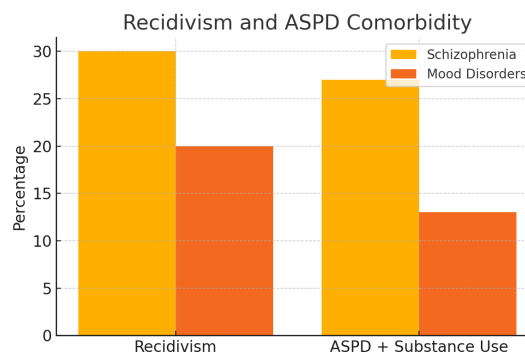| Offence Subtype	Schizophrenia (n=30)	Mood Disorders (n=30)
Murder / Attempted murder	14 (47%)	2 (7%)
Grievous hurt / Assault	10 (33%)	5 (17%)
Rape / Sexual violence, including POCSO	6 (20%)	3 (10%)

Tables 4 and 5 present further analysis of violent offence subtypes and recidivism patterns. Murder and grievous hurt were more commonly associated with schizophrenia, while property offences were more prevalent in the mood disorder group. Recidivism within 2 years was also higher in the schizophrenia group (30%), particularly among those with dual diagnosis (substance use + ASPD traits). Early onset of illness (<25 years) was more common in schizophrenia and correlated with offence severity.

6. Discussion

This study reinforces prior evidence indicating a strong association between schizophrenia and violent criminal behaviour. Psychotic symptoms- particularly delusions,

Figure 3. Types of violent offences among groups.

Table 5. Recidivism and risk factors.

Risk Factor	Schizophrenia	Mood Disorders
Recidivism within 2 years (%)	30%	20%
ASPD + Substance use comorbidity (%)	27%	13%
Arrest for property crime (%)	17%	40%
Early onset of illness (<25 years) (%)	45%	30%
Conviction rate	62%	75%

Figure 4: Recidivism and ASPD comorbidity across groups.

hallucinations, and disorganized thought processes-may significantly impair reality testing and contribute to aggression. These symptoms, coupled with poor insight and judgment, can drive individuals toward violent offences, including murder and assault. The finding that 100% of participants with schizophrenia were involved in violent crimes aligns with international studies, such as those by Fazeletal and Hodgins, and highlights a critical public safety concern[1,5].

High rates of substance use, especially alcohol and cannabis, further exacerbated the risk of violence in

this group[1]. Cannabis, in particular, has been shown to precipitate psychotic episodes and is known to worsen the course of schizophrenia. Substance use was frequently comorbid with Antisocial Personality Disorder (ASPD) traits, compounding the likelihood of impulsive and repetitive offending. Among schizophrenia patients, 27% displayed ASPD traits-significantly higher than in the mood disorder group-and this was closely associated with higher recidivism.

The mood disorder group, in contrast, displayed a greater propensity for non-violent crimes such as theft and property-related offences[2]. This is consistent with the understanding that impulsivity and disinhibition during manic episodes can lead to erratic but typically less violent behaviour[4]. However, when mood disorders co-occurred with substance use or psychotic features, instances of violent crimes- though fewer- did occur, suggesting that diagnostic subtypes and comorbidity need to be considered during forensic assessment.

An important observation was the under utilization of psychiatric services prior to incarceration, particularly among those with mood disorders who had not previously sought treatment. This finding suggests that delayed or missed psychiatric intervention may serve as a contributing factor to offending. Similarly, the duration of untreated illness was longer in the schizophrenia group, correlating with both the severity of symptoms and the gravity of the offence[3].

Socioeconomic factors-including unemployment, low education levels, and poor family support-also played a contributory role, particularly in individuals from marginalised backgrounds. The higher recidivism rate in schizophrenia, especially among those with early illness onset and dual diagnoses, underscores the importance of risk profiling and structured psychiatric follow-up within prisonsystems. Mental health services in correctional facilities must prioritise early detection, diagnosis, and individualised rehabilitation.

7. Summary and Conclusion

This study provides compelling evidence of a significant relationship between psychiatric diagnosis and the nature of criminal offences. Schizophrenia is overwhelmingly associated with violent crimes, while mood disorders are more often linked to non-violent or impulsive offences. These patterns are further shaped by factors such as substance use, comorbid personality traits, treatment history, and social background.

The findings highlight the urgent need for structured forensic psychiatric services within correctional institutions. Routine mental health screening of inmates, timely diagnostic evaluations, and individualised treatment plans are essential for effective risk management.

Tailored rehabilitation programs, particularly for individuals with early-onset schizophrenia, substance use, or antisocial traits, can significantly reduce the risk of recidivism and improve long-term outcomes.

Future research should focus on longitudinal tracking of mentally ill offenders, evaluate post-release reintegration outcomes, and assess the efficacy of forensic psychiatric interventions across diverse populations.

8. References

1. Fazel S, Grann M. The population impact of severe mental illness on violent crime. Am J Psychiatry. 2006; 163(8):1397-1403. https://doi.org/10.1176/appi.ajp.163.8.1397
2. Hodgins S. Violent behaviour among people with schizophrenia: A framework for investigations of causes, and effective treatment, and prevention. Philos Trans R Soc Lond B Biol Sci. 2008; 363(1503):2505-2518. PMCID: PMC2606714. PMID: 18434282. https://doi.org/10.1098/rstb.2008.0034
3. Wallace C, Mullen PE, Burgess P. Criminal offending in schizophrenia over a 25-year period marked by deinstitutionalization and increasing prevalence of comorbid substance use disorders. Am J Psychiatry. 2004; 161(4):716-727. https://doi.org/10.1176/appi.ajp.161.4.716
4. Swanson JW, McGinty EE, Fazel S, Mays VM. Mental illness and reduction of gun violence and suicide: Bringing epidemiologic research to policy. Ann Epidemiol. 2015; 25(5):366-376. https://doi.org/10.1016/j.annepidem.2014.03.004
5. Large MM, Smith G, Nielssen O. The relationship between the duration of untreated psychosis and outcome in first-episode psychosis. Br J Psychiatry. 2009; 195(4):306-312.