



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.996563>Available online at: <http://www.iajps.com>

Research Article

**PSYCHIATRIC DIAGNOSIS IN PATIENTS INVOLVED IN  
CRIME**

Dr. Ishrat Bibi <sup>1\*</sup>, Prof. Dr Mohammad Akbar Kazi <sup>1</sup>, Dr. Aisha Khalid <sup>1</sup>,  
Dr. Hamid Nawaz Ali Memon <sup>2</sup>, Dr. Abdul Subhan Talpur <sup>3</sup>, Dr. Syed Nadeem Shah <sup>4</sup>, Dr.  
Muhammad Ayyaz <sup>5</sup> and Dr. Zulfiqar Ali Qutrio Baloch <sup>5</sup>

<sup>1</sup> Department of Forensic Medicine & Toxicology, L.U.M.H.S Jamshoro

<sup>2</sup> Zulekha Hospital, Dubai United Arab Emirates

<sup>3</sup> Department of Medicine, Liaquat University Hospital Hyderabad

<sup>4</sup> Internal Medicine / Geriatric Presbyterian Healthcare Services Albuquerque NM 87019, USA

<sup>5</sup> Brandon Regional Hospital Brandon, Florida, U.S.A

**Abstract:**

**Objective:** To determine the frequency of psychiatric diagnosis in patients involved in crime.

**Patients and Methods:** All cases in CSJIP inpatient and outpatients referred from civil surgeon for psychiatric assessment, above 18 to 60 years and who are consenting to interview. All the patients involved in crime brought by law enforcing agencies of Pakistan through a valid legal documentation with history of offender crimes. The data was collected on semi structured proforma designed with the help of demographic variables and psychiatric diagnosis.

**Results:** Age group 20-30 year was most common 75(38.3%). Out of 196 cases married patients were in the majority 130(66.3%). According to the psychotic diagnosis, Psychotic disorder, Bipolar disorder, Personality disorder, Substance related disorder and Development disorder were found with percentage of 35.71%, 22.95%, 20.40%, 12.75% and 08.16% respectively.

**Conclusion:** We concluded that psychiatric diagnosis diagnosis are the most important criminal acts in the patients involved in crime and the present study detect the psychotic disorder, bipolar disorder and personality disorders with majority were between 21-30 years age group.

**Key Words:** Psychiatric disorders, crime and Bipolar disorders

**Corresponding author:**

**Dr Ishrat Bibi,**

Department of Forensic Medicine & Toxicology,

L.U.M.H.S, Jamshoro.

Email: zulfikar229@hotmail.com

QR code



Please cite this article in press as Ishrat Bibi et al, *Psychiatric Diagnosis in Patients Involved in Crime*, Indo Am. J. P. Sci, 2017; 4(09).

**INTRODUCTION:**

The South Asian country of Pakistan is the sixth most populous nation in the world [1]. One of the major health care problems of the country is mental illness [2]. The sub specialty which deals with the interface of law and psychiatry is known as forensic psychiatry [3]. It prevents the victimization caused by mental disorder, through appropriate assessment and treatment [4].

A systematic review of the risk factor, prevalence and treatment of anxiety and depressive disorder in Pakistan found that prevalence of these disorders in the community was 34% (range is 29% to 66% for women and 10% to 33% for men) [2].

Mentally disturbed offenders are doubly stigmatized and the problems they raise can force a critical evaluation for the development of that society [5]. The type of offending behavior varies and can include arson, theft, domestic violence, physical assaults, sexual offending and homicide.

There are many studies suggested increasing psychiatric morbidity among the prisoners. In Pakistan mental health professionals working with prisons reported morbidity has been rapidly increasing. The Study conducted in Sir Cowasji Jehangir (S.C.J) Institute of Psychiatry for the correlation of psychiatry morbidity and level of literacy among mentally disordered offenders revealed 77.75% suffering from psychotic manifestations of underlying primary illness [6]. The study published in Indian journal of psychiatry had reported that around 31-37% of inmates suffer from psychiatric illness [7].

There are many factors which may contribute to increasing morbidity but in Pakistan strict laws and delayed justice can be the front runners [8]. Previous research on mental health interventions to prevent violent repeat offending have been criticized and their intervention being flawed [9, 10] and a few have been done in non custodial samples [11, 12].

**PATIENTS AND METHODS:**

The cross sectional study for six months was conducted at Sir Cowasji Jehangir (S.C.J) Institute of Psychiatry, Hyderabad. The inclusion criteria of the study were all cases in CSJIP inpatient and out-patients referred from civil surgeon for psychiatric assessment, above 18 to 60 years, who were consenting to interview and the only patients involved in crime brought by law enforcing agencies of Pakistan through a valid legal documentation with history of offender crimes were explored for psychiatric disorder while the exclusion criteria were all cases significant head injury, General medical disorder, Neurological disorder, Consent withdrawn. The sample size was calculated by taken the prevalence of 51.2% with 5% margin of error at 95% confidence interval, total 196 cases were taken. The data was collected on semi structured proforma designed with the help of demographic variables and psychiatric diagnosis. The data was analyzed in SPSS version 16.00. The frequency and percentages were calculated for psychiatric disorders in relation to age and psychiatric disorder. The stratification was done for age and psychiatric disorder in patients involved in crime.

**RESULTS:**

According to the age distribution, cases with the age group 20-30 were most common 75(38.3%) whereas 31-40 were 55(28.1%), and <20 were 30(15.3%), while age group 41-50 were 25(12.7%) and the patients with age group >50 were the least 11(05.6%) Table: 1. According to the psychotic diagnosis, Psychotic disorder, Bipolar disorder, Personality disorder, Substance related disorder and Development disorder were found with percentage of 35.71%, 22.95%, 20.40%, 12.75% and 08.16% respectively Table: 2.

**TABLE: 1. Age distribution of the patients n= 196**

Age groups	Frequency	Percentage
< 20	30	15.30%
21-30	75	38.26%
31-40	55	28.06%

**TABLE: 2. Patients distribution according to psychotic diagnosis n= 196**

Psychotic diagnosis	Frequency	Percentage
Psychotic disorder	70	35.71%
Bipolar disorder	45	22.95%
Personality disorder	40	20.40%
Substance related disorder	25	12.75%
Development disorder	16	08.16%

**DISCUSSION:**

Mental health issues surrounding the prisoners and the prison environment have long been a neglected aspect in the study of criminology in Pakistan. The current study has determine the types of mental health issues prevalent in psychotic cases and towards developing an understanding of the existence of any relationship between the type of crime committed and the nature of mental health symptoms present in psychotic criminals [13]. The results show that the most common mental health issues in psychotic criminals belong to the Psychotic disorder, Bipolar disorder as compare to others conditions [14, 15].

In this study according to the age distribution mostly young people were involved, cases with the age group 20-30 were most common 75 (38.3%), whereas 31-40 were 55 (28.1%), and out of 196 cases married patients 130 (66.3%) were in the majority as compared to the single patients 66 (33.7%). Similarly Aishatu Y et al [16] reported that majority of the subjects were young males unmarried and with low educational achievement.

In this series according to the psychotic diagnosis, psychotic disorder, bipolar disorder, personality disorder, substance related disorder and development disorder were found with percentage of 35.71%, 22.95%, 20.40%, 12.75% and 08.16% respectively. In a study reported that more than half of the subjects (57%) had a psychiatric morbidity [16]. The finding is in conformity with findings of previous study where majority (83.7%) of the studied subjects had definite diagnosis of psychiatric disorders [17]. Studies from other parts of the world also found psychiatric morbidity in 80%, 57%, 55.4%, 51.4% and 43% of the studied subjects respectively using standardized instruments [18, 19]. A former study reported findings in support of this study as substance use disorder and depression with anxiety disorder were found in 42.0% and 23.3% of the subjects respectively [20]. Other studies carried reported

lower proportions of sub-jects with substance use disorder, depression and anxiety [21].

**CONCLUSION:**

We concluded that psychiatric diagnosis are the most important criminal acts in the patients involved in crime and the present study detect the psychotic disorder, bipolar disorder and personality disorders with majority were between 21-30 years age group.

**REFERENCES:**

1. Gilani AI, Gilani UI, Kasi PM, Khan MM. Psychiatric Health Laws in Pakistan: From Lunacy to Mental Health. PLoS Med. Nov 2005; 2(11): e317
2. Mirza I, Jenkins R. Risk factors, prevalence, and treatment of anxiety depressive disorders in Pakistan: Systematic review. BMJ. 2004; 328:794
3. Abbas Y, Khan KH. Forensic Psychiatry - Is their role of psychiatric services in Pakistani prisons. J Pak Med Assoc 2009; 59(2):116-8
4. Appelbaum PS. Ethics and Forensic Psychiatry: Translating principles into practice. J Am Acad Psychiatry Law 2008; 36:2:195-200
5. GO Ivbijaro, Kolkiewicz LA, Gikunoo M. Addressing long-term physical healthcare needs in a forensic mental health inpatient population using the UK primary care Quality and Outcomes Framework (QOF): an audit. Ment Health Fam Med 2008; 5(1): 51-60.
6. Zain F, Junejo J, Sarhandi I, Wahid S, Hussain SJ. Psychiatric Diagnosis and Frequency of Literacy in Psychiatric Patients Involved In Crime. Interdisciplinary Journal of Contemporary Research in Business. 2012;4:812
7. Chadda RK, Amarjeet. Clinical profile of patients attending a prison psychiatric clinic. Indian J Psychiatry 1998; 40(3): 260-265.
8. Walsh E, Moran P, Scott C, Mckenzie K, Burns T, Creed F, et al. Prevalence of violent victimisation in severe mental illness. Br J Psychiatry 2003; 183: 233-8.

9. Bird S. Prescribing sentence time for evidence based justice. *Lancet* 2004;364:1457-1459.
10. Cole T, Glass R. Mental illness and violent death: major issues for public health. *JAMA* 2005, 294:623-624.
11. Buchanan A, Ieese M. Detention of people with dangerous severe personality disorders: a systematic review. *Lancet* 2001;358:1955-1959.
12. Maden A, Scott F, Burnett R, and Lewis GH, Skapinakis P: Offending in psychiatric patients after discharge from medium secure units. *BMJ* 2004;328:1534.
13. Kelly TM, Daley DC, Douaihy AB. Treatment of substance abusing patients with comorbid psychiatric disorders. *Addict Behav* 2012;37:11-24.
14. Pickard H, Fazel S. Substance abuse as a risk factor for violence in mental illness: Some implications for forensic psychiatric practice and clinical ethics. *Curr Opin Psychiatry*.2013;26:349-54.
15. Trull TJ, Jahng S, Tomko RL, Wood PK, Sher KJ. Revised NESARC personality disorder diagnoses: Gender, prevalence, and comorbidity with substance dependence disorders. *J Pers Disord* 2010;24:412-26.
16. Aishatu Y, Armiyau, Obembe A, Audu MD, Afolaranmi TO. Prevalence of psychiatric morbidity among inmates in Jos maximum security prison. *Open Journal of Psychiatry*.2013;3;12-17
17. Kanyanya IM., Othieno CJ, Ndeti DM. Prevalence of psychiatric morbidity among convicted sex offenders at Kamiti prison Kenya. *East African Medical Journal*.2007;84;151-155.
18. Assadi SM, Mahdi P. Psychiatric morbidity among sentenced prisoners. A prevalence study in Iran. *British Journal of Psychiatry*.2006;188: 159-164.
19. Kugu N, Akyuz G, Dogan O. Psychiatric morbidity in murder and attempted murder crime convicts: A Turkey study. *Forensic Science International*.2007; 175, 107-112.
20. Naidoo S, Mkize DL. Prevalence of mental disorders in a prison population in Durban, South Africa. *African Journal of Psychiatry*.2012; 15;30-35.
21. Angermeyer MC, Matschinger H. The stigma of mental illness in Germany: a trend analysis. *Int J Soc Psychiatry*.2005;51(3):276-84.