

# Editorial

## Άρθρο Σύνταξης

### The dangerousness of schizophrenia

Schizophrenia has been associated in the eyes of the public with unprovoked violence and aggression. This public assumption increases the stigmatization and marginalisation not only for the individuals suffering from schizophrenia but also for all sufferers of mental illness. Our knowledge about the dangerousness of the patients suffering from schizophrenia has evolved through various stages. Initially it was accepted that all schizophrenics are dangerous, belief which was based on solitary case reports. Based on epidemiological studies with more solid methodology, this assumption was challenged and the “pendulum” swung in the other direction. Haffner, for instance, stated in 1973<sup>1</sup>: “Schizophrenia sufferers have equal chances with the general population to engage in violent criminal acts”. This belief had a substantial contribution in the fight to reduce stigma and marginalisation for schizophrenia sufferers and is partly correct.

New data however have challenged this assumption and now it is accepted that: “Individuals suffering from schizophrenia are more likely to commit violent acts in comparison with the general public”. One has to underline though that this law-breaking behaviour has a very limited effect on violence and law breaking in our society.<sup>2</sup>

The efforts of mental health professionals to reduce stigma should take into account the new research findings, which clearly point towards an association between schizophrenia and violent behaviour. This association is not only statistical but clinically and socially important.<sup>3</sup> How is that new point of view substantiated, and which are the characteristics of this small subgroup of schizophrenia sufferers who are responsible for the violence associated with this disease?

From four studies in Western countries it's deduced that 5–10% of the individuals accused of murder suffer from schizophrenia.<sup>4</sup> Additionally, 9% of those found guilty of non fatal violence were schizophrenic patients. Follow-up studies with large samples of schizophrenia sufferers confirm the high percentage of convictions for violent behaviour.<sup>5–8</sup>

These findings seem alarming but Wallace et al,<sup>6</sup> following statistical analysis, showed what clinicians are already aware of the fact that practising psychiatrists may spend their whole career without ever “meeting” a patient with schizophrenia who has committed murder or a serious violent act. Whilst 10% of individuals convicted of murder might be suffering from schizophrenia, the annual risk of a person with schizophrenia committing murder is 1:10.0000 and the risk of being convicted for violent behaviour is 1:150. In this respect, a psychiatrist needs to assess about 10.000 patients with schizophrenia in order to meet a schizophrenic murderer.

The characteristics of the individuals suffering from schizophrenia that get involved in violent criminal acts are the same with the characteristics of individuals involved in violent crime without suffering from this disorder. These characteristics are: male sex, young age, history of previous violent behaviour, history of drugs or alcohol abuse/addiction, lower socio-economic origin, belonging to a minority group, and antisocial personality disorder. The characteristics of the schizophrenic disorder that increase dangerousness have a much smaller contribution in increasing the risk. These are: Acute phase of the illness, paranoid subtype, non compliance with treatment, de-institutionalisation.<sup>9</sup>

More specifically, patients with comorbid schizophrenia and antisocial personality disorder have attacked people that did not belong to their environment to an extensive degree. 60% of the patients convicted of manslaughter had hallucinations and/or delusions directly associated with this act. Most of the ones with dual diagnosis had in their history a conflict during which they had been physically violent and this behaviour was not associated with psychotic symptoms. Significantly, more patients were likely to have consumed alcohol or being under the influence of drugs before entering the argument that led to the attack and crime.<sup>10</sup>

Prevention of the breaking behaviour during the life of an individual suffering from schizophrenia is a complicated matter and involves relatives, carers and the psychiatric services. During the course of the illness, the potentially dangerous patients should be identified by the psychiatric services and therapy should be intense and continuous. Of utmost importance in preventing the violent behaviour in schizophrenia is the acceptance of this established association. As long as the violent behaviour is not associated with the course of the illness, there will be no progress. Prevention in this respect has to aim at schizophrenia per se. Genetic counselling and avoidance of the viral infections during the pregnancy as well as delivery complications, can reduce the incidence of schizophrenia (primary prevention). Early diagnosis and application of the appropriate treatment, relapse prevention (secondary treatment), and prevention of negative symptoms and cognitive decline (tertiary prevention), are important points. Management and treatment of drug addiction/abuse (especially cannabis and alcohol) is very important, since the treatment of the disorder is difficult as long as the abuse/addiction persists.

Patients with a criminal history after discharge from the psychiatric unit or the prison should be followed up regularly by specialist teams, paying extra attention on issues of medication compliance and favouring the use of long acting medication where appropriate. Discarding the possibility of legal enforcement of drug administration on the basis of "principles" is not appropriate.

It is very important, especially after violent criminal acts by individuals suffering from schizophrenia that receive wide media publicity, that psychiatrists remain advocates of logical thinking based on real facts. Recognising the risks and taking the appropriate actions is of extreme importance, in order to highlight distorted social beliefs and reduce stigmatisation of the mentally ill.

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