There is emerging evidence to suggest individuals with intellectual disability and psychiatric disorder may be at risk for criminal offending. To explore this issue further, we reviewed 276 referrals to the New South Wales Mental Health Review Tribunal (MHRT), which evaluates offenders suspected of having psychiatric disorders. Seventeen cases (6.15%) were identified with intellectual disability and psychiatric disorder. Individuals were diagnosed with a variety of psychiatric disorders (e.g., schizophrenia personality disorder, psychotic depression) and 60% had mild to borderline intellectual disability. These individuals had been charged with a range of serious crimes including sexual assault, murder, physical assault, armed robbery, and kidnapping. Most had a history of psychiatric disturbance, criminal activity, and alcohol and drug abuse. The study suggests an urgent need to develop early screening and intervention services focused on preventing criminal behavior in cases of intellectual disability and psychiatric disorder.

Keywords: developmental disability, forensic psychiatry, intellectual disability, mental retardation, offender, psychiatric disorder, schizophrenia, sexual abuse

People with intellectual disability have a higher prevalence of psychiatric illness than the general population, and they are a diverse group of individuals with accompanying medical and neurological impairments that are often missed by mental health practitioners. The lack of appropriate and valid assessment tools for this population group and a significant deficit of skills in individuals with intellectual disability and psychiatric disorder, such as ability to keep medical appointments, pose a continuing problem in service provision for these individuals.

People with intellectual disability and psychiatric disorder often present with challenging behaviors that could indicate the need for thorough psychiatric evaluation and corresponding integration of medical/psychiatric and behavioral treatments. Bouras and Drummond found that 52.5% of their sample subjects presented with various types of challenging behavior that included aggression, property damage, or self-harm. Similar studies have also indicated that people with intellectual disability and psychiatric disorder tended to demonstrate challenging behaviors. Given that these individuals present with challenging behaviors, they may therefore increase the likelihood of them being in contact with the criminal justice system.

In a systematic review in the area of offenders with intellectual disability, Simpson and Hogg found several characteristics that suggest a strong association between offending and intellectual disability. These include gender and age, that is, males are more likely to offend and 40% of offenders were aged 21 and 35 years, and 29% were aged between 35 and 50 years. They also found that 79% of offenders were from lower socio-economic status with a history of previous behavioral problems, and most offenders were in the borderline intellectual disability. While the evidence of association between psychiatric history and offending is variable, there appears to be a degree of association between previous psychiatric history and offending, and alcohol abuse and other drug problems. Holland et al. found similar characteristics in their review of criminal offenders with intellectual disability.

The trend in the intellectual disability field is towards development of community-based services, rather than institutional services. Studies have also shown that people with intellectual disability living in the community are more likely to be in need of mental health services. Successful inclusion into the community for persons with intellectual disability
and psychiatric disorder would therefore need to ensure provision of appropriate services to reduce the risk of criminal offending. On the other hand, any increased risk of offending among those with intellectual disability and psychiatric disorder might simply reflect an increased probability of being arrested and charged with a crime. We cannot be sure, therefore, if these individuals are any more likely to commit crimes. Even if this were the case, they may be of lesser concern if the types of crimes they committed were not serious (e.g., loitering versus assault).

To explore these issues, we reviewed cases referred to the New South Wales Mental Health Review Tribunal (MHRT). We reasoned that if people with intellectual disability and psychiatric disorder were more likely to commit criminal offenses, then one would expect to find a high percentage of intellectual disability and psychiatric disorder among individuals presenting to the MHRT. We were also interested in documenting the types of crimes committed by individuals with intellectual disability and psychiatric disorder.

**Method**

**Background**

MHRT evaluates persons charged with crimes who are suspected of presenting with psychiatric disabilities. MHRT is an independent agency that was established to uphold the civil and legal rights of people with mental illness and ensure that such individuals receive the best possible care in the least restrictive environment. Persons charged with crimes who are defined as a "forensic" case under the New South Wales Mental Health Act of 1990 are seen by the MHRT. In New South Wales there are three categories by which a person can be classified as a forensic case: (a) those found unfit to be tried in the criminal courts, (b) those found to be not guilty by reason of mental illness, and (c) those who become mentally ill while in prison.

MHRT conducts hearings and collects evidence from individuals with mental illness, support workers, and other interested people who might provide valuable information regarding the care of the forensic individual appearing before the MHRT. MHRT reviews the case management plans developed by relevant professionals and makes a decision whether the care provided is appropriate and consistent with the New South Wales Mental Health Act.

**File Review**

We reviewed 276 files, representing all individuals who were presented to the MHRT from 1 January 1997 to 30 June 2001. Files were reviewed to identify those cases where the individual had a diagnosis of intellectual disability, developmental disability, mental retardation, or a related diagnosis (e.g., learning disability, learning problem). For these individuals, we extracted demographic information, including (a) history and types of offense, (b) present legal status, (c) psychiatric history, (d) alcohol abuse or other drug history, (e) criminal history, (f) treatment plan, and (g) current status of the individual. The first and second authors reviewed the data to ensure accuracy of transcription from the files.

**Results**

**Age and Gender**

Of the 276 individuals referred to the MHRT over the period, 17 (6.15%) were identified as having intellectual disability and psychiatric disorder. This group was comprised of 15 males and 2 females. The males ranged from 21 to 53 years with a mean age of 30.8 years. Both females were 45 years of age. It should be noted that these ages represent the age of the person at the time of the offense for which they were referred to the MHRT.

**Degree of Intellectual Disability**

Table 1 shows the number of individuals by degree of intellectual disability. Degree of intellectual disability was based on standardized assessments completed by registered psychologists as reported in the files. Sixty percent of the individuals were described as having mild to borderline intellectual disability. It should be noted that the degree of intellectual disability was not recorded for four individuals despite the fact that their files included a diagnosis of intellectual disability.

**Psychiatric Diagnosis**

Table 2 shows the number of individuals with each psychiatric diagnosis. The psychiatric diagnosis was based on assessment reports conducted by accredited forensic psychiatrists. For two of the individuals, information about their psychiatric disorder was pending, notifying the team that a preliminary diagnosis had been made, but it had not...
Table 1. Degree of Intellectual Disability

<table>
<thead>
<tr>
<th>Level of Intellectual Disability</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borderline</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Mild</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Mild-Moderate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Not reported</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

yet been recorded in the client's file because MHRT was waiting for a written confirmation from the psychiatrist. One individual had no specific psychiatric disorder, but he was included because the referral to the MHRT indicated the need for mental health services due to the nature of the offense committed. One individual was reported to have developed depression and anxiety after referral to the MHRT.

Crimes

Although most of the individuals had been charged with more than one offense, only the primary offense was recorded. Primary offenses included sexual assault (n = 4), murder (n = 6), physical assault (n = 3), armed robbery (n = 1), kidnapping (n = 2) and breach of a court order or violence against another person (n = 1). In the four cases of sexual assault, the victims included adult females and male and female children. In two murder cases, the offenders knew their victims. In the other four murder cases, the victims were strangers.

Psychiatric History

Over half of the 17 offenders (n = 10) had a history of psychiatric disturbance. Three individuals had no previous history of psychiatric disorder and for the others there was no information about prior psychiatric illness. The ten individuals with a psychiatric history had numerous admissions to psychiatric hospitals beginning in childhood or adolescence. Treatment for mental illness included the use of medication. The mean number of medications per client was 2.5.

Alcohol and Drug Abuse

Seven of the 17 clients had a history of alcohol and drugs abuse. Five had no previous history of use of drugs or alcohol. Four had unknown substance use histories.

Criminal History

Prior to the current referral to the MHRT, 11 of the 17 had a criminal history, five had no criminal history, and the history for one individual was unknown. Of the 11 individuals with a criminal history, all but one had committed a serious offense. These offenses included murder (n = 1), physical assault (n = 5), sexual assault (n = 1), and a range of other offenses (e.g., indecent sexual exposure, stealing, break and enter, arson).

Current Status

At the time of referral to the MHRT, the majority of these 17 individuals were in prison or psychiatric hospitals. More specifically, seven were incarcerated in a prison hospital, three in a psychiatric hospital, and two in a special prison unit for persons with intellectual disability. Five individuals were reported to be in the community. Two of these were living in their family home, one was in a hostel, and two did not have a permanent address. For those in prison or psychiatric hospitals, the files indicated that they all continued to show serious psychiatric disorders. Two individuals were reported to be presenting with no psychiatric symptoms and another was reported to be in remission.
**Table 2. Type of Psychiatric Diagnosis**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Chronic schizophrenia</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Chronic paranoid schizophrenia</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Paranoid schizophrenia</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Personality disorder</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Paranoid personality disorder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Psychotic depression</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Depression and anxiety</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Information pending</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>No specific psychiatric disorder</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion**

Intellectual disability is estimated to occur in 1% of the general population.\textsuperscript{1} Our finding that 6.15% of those referred to the MHRT had intellectual disability and psychiatric disorder suggests an inflated percentage of individuals with intellectual disability among this select offender population. However, this prevalence figure must be viewed with caution. The 276 total cases from which our 17 individuals were identified do not represent a random sample of criminals. Rather they represent forensic cases that had been referred to the MHRT presumably because they had mental health issues. The survey is therefore limited to individuals who were presented to MHRT during the period 1 January 1997 to 30 June 2001.

It may be that the 6.15% figure is an under-representation because there appears to be a lack of clear definition and formal assessment for the presence of intellectual disability when individuals with psychiatric disorders enter police custody.\textsuperscript{11} Therefore the prevalence of intellectual disability in criminals with mental health issues could be higher than reported in this study. Holland et al.\textsuperscript{12} indicate that criminal offending may go undetected or unreported in the criminal justice system.

Despite their limited generality, at the descriptive level the data gathered in the current file review suggests changes in policy planning. First, ten of the 17 offenders had a previous history of psychiatric disorder that often began in childhood. In addition, 65% had prior criminal histories and 41% had alcohol and drug abuse problems. These factors (i.e., prior histories of mental illness, crime, and drug and alcohol problems) would seem to indicate the need for better preventative and monitoring services. The findings appear congruent with the reviews by Holland et al.\textsuperscript{12} and Simpson and Hogg.\textsuperscript{21}

Because our study is preliminary, future research should explore other factors that might predict increased risk of criminality among individuals with intellectual disability and psychiatric disorder. We could only explore those factors for which there was information in the files. This approach is limited because the files did not contain systematic information on other factors that have been linked to crime (e.g., marital status, social class, employment, education).\textsuperscript{23}

The importance of identifying those at increased risk of offending cannot be overstated. Failure to intervene early and monitor those individuals with intellectual disability and psychiatric disorder, who also had problematic histories, points to increased risk of criminality is likely to have serious negative consequence considering the violent nature of the offenses that
these 17 individuals committed. In reviewing these 17 cases, it appeared that for most individuals the mental health needs of these offenders went unmet until they committed a serious offense and thus came to the attention of the MHRT.

In addition to timely provision of services for mental health needs, forensic professionals might reconsider how individuals with intellectual disabilities are processed when they enter the criminal justice system. When persons with intellectual disability commit an offense, frequently charges are often dropped when they first appear before the courts. While it is important that persons with intellectual disability are not incarcerated unnecessarily, the potential problem with a lenient approach is these offenders are deprived of appropriate services that might prevent future criminal behavior. It is possible that their subsequent and more serious offense may have been prevented if they had received extensive services and monitoring. At the very least, there should be some system of assessing the mental health and related needs of first time offenders who have intellectual disabilities. This should include monitoring and follow-up as well as habilitative treatment.

The lack of early and effective habilitative services could reflect limited understanding of the needs of people with intellectual disability in generic mental health services. If so, it would seem important to increase understanding of the needs of people with intellectual disability and psychiatric disorder within existing generic mental health services. Additional research into the provision of mental health services for individuals with intellectual disability may help to facilitate this much-needed understanding.12,19,21

References


**CORRESPONDENCE:** Jeff Chan, M.A. (Hons), Royal Rehabilitation Centre Sydney, The University of Sydney, 59 Charles Street, Ryde NSW 2112, Sydney, Australia; email: chanj@doh.health.nsw.gov.au.