

## PSYCHIATRY

# Insane or Faking?

Nearly half of the Federal prisoners sent to a medical center for psychiatric examination have some mental illness. About one-third are returned to court for trial.

By MARJORIE VAN DE WATER

► WHEN YOU READ in the newspaper that a person charged with a Federal offense is sent to a mental hospital for psychiatric examination, how do you picture that person? Do you think he must be a murderer making a desperate attempt to save his own life by feigning insanity?

Dr. Charles E. Smith, assistant medical director of the United States Bureau of Prisons, and Kenneth R. Strawberry, a clinical psychologist associated with him, give us a profile of the typical person coming up for such psychiatric examination. The profile is based on a study of 450 men referred to the Medical Center for Federal Prisoners, Springfield, Mo.

The typical referred prisoner is not a murderer but was involved in some kind of a property crime. Murder is not ordinarily a Federal offense; it is a state crime. The largest group of referred offenders (38%) were those charged with automobile theft. Another 34% were charged with other property offenses and nonviolent crimes such as mail theft, forgery, income tax violation, fraud, draft violation and impersonation.

Bank robbery was a comparatively rare offense among the referred prisoners—only one man out of ten was charged with this offense. An even smaller percentage, less than one percent, of all the men who go to Federal prisons go there for bank robbery.

## 40.5% Have Psychotic Condition

Are these prisoners really insane or are they shamming? After a three-month examination, the staff of the Medical Center diagnosed nearly half (40.5%) as suffering from some kind of psychotic condition. In addition, nearly one out of ten was mentally defective.

This high rate is a good indication, Dr. Smith and Mr. Strawberry point out in a report to the Public Health Service, that the courts and investigative officers are using a sound basis for picking the prisoners they send for psychiatric examination. The men they send are picked either because they have been treated for mental illness in the past or because of some bizarre conditions involved in their criminal acts.

The typical man coming to the Medical Center for psychiatric examination is about 30 years old. He is single and white. He got as far in school as the seventh or eighth grade at the age of 15 years and left home about a year or two later. He has no dependents and lists his occupation as either semi-skilled, service or laboring.

The longest time he ever held any one job was less than three years. He had

four or more jobs in the ten years before his arrest. During that ten-year period, he moved around some, too, and lived in from one to three different states.

He had been in a mental hospital before and has a record of from one to three prior arrests for felony.

When a man is referred to the Medical Center for psychiatric examination, the staff must make two separate decisions.

1. Is the man competent to stand trial? Under the present law, a person cannot be tried for a Federal offense if he is "unable to understand the proceedings against him or to properly assist in his own defense."

2. Is the man so mentally ill that he cannot be considered responsible for his acts at the time the crime was committed?

In the group studied, a diagnosis of major mental disorder did not necessarily mean that the man was judged to be incompetent to stand trial. A little more

than two-thirds (67%) of the mentally ill prisoners were considered to be incompetent.

Roughly, one-third were returned to the court for trial. Of those who were brought to trial, less than half (49.5%) received prison sentences. Other persons were placed on probation or were released because the charges were dropped.

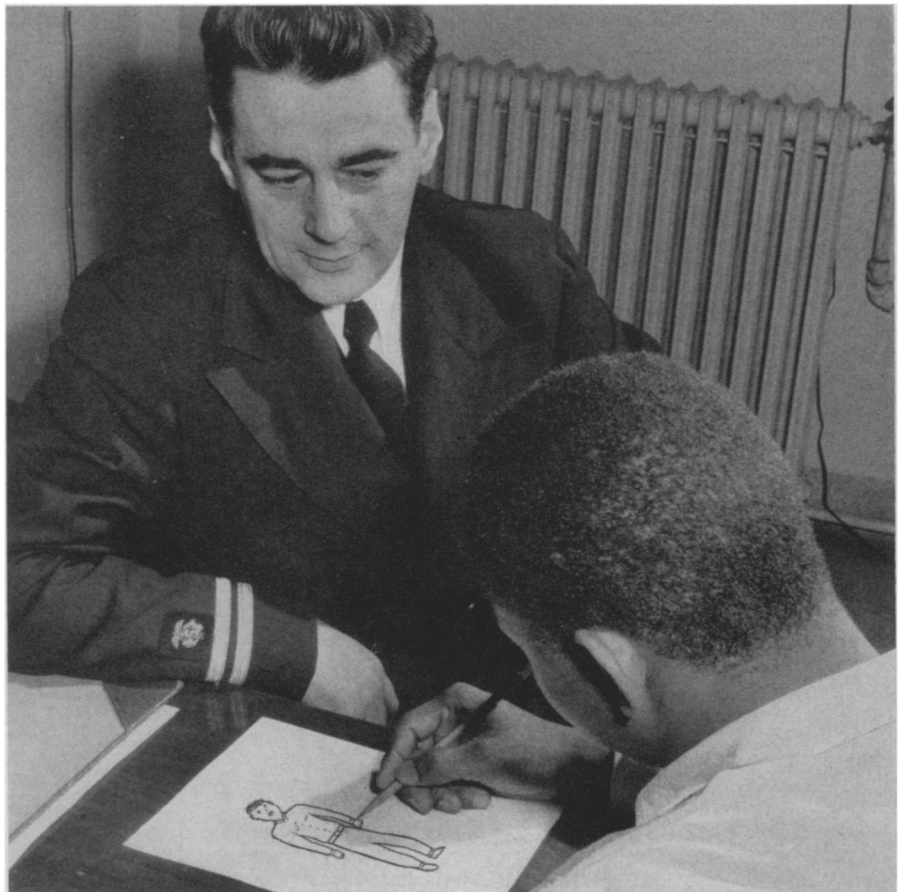
Nearly 40% of those who were tried were acquitted because they were insane at the time of the offense.

If less than half of those found competent to stand trial went to prison, only 10.9% of those found incompetent were let off "scot free."

A little over one-third of the schizophrenics (the most common mental illness) sent to the Medical Center during 1956 recovered enough to be returned to the court for trial after less than a year of treatment.

Of the 231 persons found to be incompetent to stand trial, one-third were transferred to various mental hospitals in the states in which they had their residence.

But even of those who were released, few stayed long at large. Of the 183 persons, 23% had been re-arrested within one year and another 13% had been re-arrested



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within two to four years of their release. Another 15% were readmitted to a mental hospital within five years.

In nearly every case where the released person was re-arrested, the new offense was similar to the offense for which the man had been previously arrested.

In eight cases, or 12%, the new charges were of offenses involving direct assaults on other persons. Two of the re-arrests were on charges of murder.

Although a relatively high rate of relapsing into earlier criminal habits was found among mentally ill offenders, it appears that the community is being reasonably well safeguarded from further depredations by those mentally ill offenders who are known to be of the most dangerous type.

### Relationship to Offense

A definite relationship was found between the type of mental illness diagnosed and the type of offenses charged. Nearly half (45.4%) of the offenses against persons were committed by individuals with some type of paranoid illness. Paranoid persons are extremely suspicious and fearful. Many of their attacks on others are directed against those they imagine to be plotting against them or attempting to do them harm.

Nearly 38% of the men studied at the Medical Center were diagnosed as having significant paranoid illness. It is therefore apparent that paranoid patients—in terms of their numbers, the chronic character of their illness and the seriousness of their offenses—make up a substantial portion of the total problem of the mentally incompetent Federal offenders.

The individual kept at the Medical Center because he is found incompetent to stand trial is given modern psychiatric treatment. This may include the use of tranquilizing drugs, psychotherapy, insulin shock treatment and electric shock treatment—either singly or in combination.

In the days before tranquilizers were available, nearly 30% of the patients received either electric shock treatment or insulin shock treatment. With the introduction of the tranquilizing drugs at the Medical Center in 1954, use of the shock treatments declined. The tranquilizers are now given to about 30% of the patients. Apparently the same types of patients who were once treated with shock treatments are now given tranquilizers.

The rates of recovery and the duration of hospitalization for recovered patients during the period when shock treatment was given do not differ markedly from those during the period when tranquilizing drugs have been used.

• Science News Letter, 78:170 September 10, 1960

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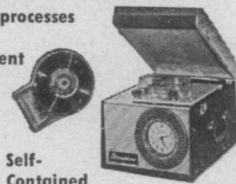
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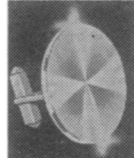
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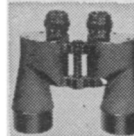
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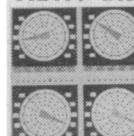


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