A Conversation About… The Nexus between Violence and Mental Health

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Content warning (00:00):

This podcast discusses content that may be distressing for some listeners. Please refer to the episode description for details about the topics covered.

Host (00:09):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Neil Cole (00:27):

Welcome to MHPN presents A Conversation About. My name is Neil Cole, and I'm the host of today's episode. My guest is Dr Kate Roberts. Welcome Kate.

Kate Roberts (00:39):

Thanks for having me, Neil. Great to be here.

Neil Cole (00:42):

Today we are going to talk about whether there is a nexus between schizophrenia and violence. I'm really pleased, Kate, that you are here to help me better understand what is often misunderstood mental health condition as a lived experience consumer advocate. I don't want to sensationalise the condition, but I have been privy to some violent and tragic incidents involving people diagnosed with schizophrenia. Your input will be valued in today's episode. Can you tell us a little about your experience in this field and why you think this is an important topic?

Kate Roberts (01:18):

Sure. Well, maybe I'll start by saying what I do. So I'm a forensic psychiatrist and that's really a subspecialty of psychiatry that deals specifically with the interface between psychiatry and the law. So critically, we treat and help people who interface with the criminal justice system, and that can be in a range of settings. So it might be in police cells, prisons, secure hospitals such as Thomas Embling and then out in the community as well.

Neil Cole (01:48):

What percentage of the people you deal with have schizophrenia?

Kate Roberts (01:51):

The majority would have a severe and enduring mental illness and most of them would have schizophrenia, but it also might include bipolar affective disorder and often they have comorbidities. I think that's a critical feature to highlight that. Often we see people that have severe and enduring mental illness, but they often have substance abuse disorder. In addition, they may have some personality difficulties. They may have an extensive history of trauma. So lots and lots of different things coalesce.

Neil Cole (02:23):

Can you describe to us what schizophrenia actually is as you would see it?

Kate Roberts (02:28):

Sure. So it's, as I said, a serious and enduring mental illness. Often it comes as a relapsing form, so you might have periods where you're very unwell and then periods where you're relatively well, you can conceptualise it into a disorder that affects your thinking, your mood and your behaviour and your feelings. There's two main types of symptoms or grips of symptoms. There's positive symptoms and those would be the ones that probably most people are aware of. Hallucinations, say voices that aren't your own voice. It feels like you're hearing somebody else's voice even though you're actually not. And a delusion is a fixed belief that is untrue. So you may believe that there are people trying to harm you when that's actually not the case. And then you also have often the feeling that your thinking is being interfered with or your behaviours are being managed or interfered with by someone else as well.

(03:25):

But there's also separate group of symptoms called negative symptoms and they often are more chronic and enduring and they really complicate the lives of people with schizophrenia. So they are, avolition it's called. So they really have trouble getting engaged in things, interacting with people. So their self-care may decline. They can't function as they used to, so it's very difficult for them to be employed, interact as they used to with others. They have disorders of their mood often so they can enjoy things. They become apathetic and unable really to contribute as they might have done previously to society.

Neil Cole (04:08):

What are the treatments? Are there treatments and what are they?

Kate Roberts (04:11):

Yeah, there's a number of different treatments. Medication is the mainstay. So we've got antipsychotics, I won't go into it here, but they obviously have impact on the chemicals in the brain. Dopamine specifically-

Neil Cole (04:24):

The antipsychotics is for the first one you referred to where people -

Kate Roberts (04:29):

Positive symptoms -

Neil Cole (04:29):

Might be hearing voices or -

Kate Roberts (04:31):

That's right.

Neil Cole (04:31):

Think somebody's against them.

Kate Roberts (04:34):

Yeah, some of the medication treats the other cluster of symptoms as well. So it's a holistic treatment and there's a range of different types of antipsychotics. There's ones that have been around for many years, they tend to be less favourable now coz they have a number of side effects. They can cause a lot of stiffness, which are called extrapyramidal side effects, and they also can cause some trouble with your heart. So they can cause arrhythmias ultimately. So they tend to be less favourable. There are newer ones which have less of those side effects, but unfortunately they can cause other things like weight gain, diabetes ultimately, and then have an impact on things like hypertension.

Neil Cole (05:13):

Have the medications improved specifically for the psychotic symptoms over the last 10 or 20 years or since you've been doing it?

Kate Roberts (05:25):

Yep, there's always new antipsychotics coming out. We should talk about clozapine because I think some people will have heard about that medication. Yeah,

Neil Cole (05:30):

Sure.

Kate Roberts (05:31):

So that's probably the best medication for schizophrenia in that it treats treatment resistant illness. So if you've tried a range of other medications and they haven't worked, clozapine may well assist you. The difficulty with clozapine is that it does have, again, side effects and they can be very significant, so it can interfere with your white blood cell count. It can also cause myocarditis, which is a sort of inflammation of the heart. So we need to monitor that medication very carefully. And we do that by taking blood tests from a person initially every week for 18 weeks. And what we're looking for there is really their blood count and making sure that it's safe to continue. And after 18 weeks, they can take it only with monthly blood tests, so it becomes a little bit easier. And the other medications that have progressed in recent years are depot medications. So you can have an injection and often you can have that less frequently. So weekly, monthly, or even now, there's newer ones that you can have three or six monthly.

Neil Cole (06:38):

So we have progressed some way, haven't we? Intriguing particularly the psychosis. One of the questions I was wondering about how many people in Thomas Embling and how many within the prison system these days who have got schizophrenia and what would be the predominant reason they'd be in jail or in prison or at Thomas Embling?

Kate Roberts (07:01):

That's a big question.

Neil Cole (07:02):

The crimes they commit plus the impact of their illness upon them.

Kate Roberts (07:09):

So let me start with prison and then we'll move to Thomas Embling because that's a very specific group of patients there. So in the prison system currently in Victoria, there's about six and a half thousand men and women in our prisons. If you're in prison, you've got a much higher chance of having mental illness. So there's about 40% of people in our prisons have some form of mental health condition.

Neil Cole (07:34):

How many of those would have schizophrenia?

Kate Roberts (07:37):

I would say about 15%. So that's significantly overrepresented in the prison system than it is in the community. So if we think in the general population, 0.5 to 1% of the population have schizophrenia, so we know that they are definitely ending up -

Neil Cole (07:54):

In prison.

Kate Roberts (07:55):

In our prison system.

Neil Cole (07:56):

They're overrepresented in prison.

Kate Roberts (07:58):

Definitely.

Neil Cole (07:58):

What are the most likely offences? Are they violent offences? Are they theft? Are they assault? What would be the general predominant offence that they would commit?

Kate Roberts (08:10):

So we know that they're going to be in for everything on a higher degree than the community population. So not all violent offences, they're more likely to be arrested, they're more likely to be remanded into custody.

Neil Cole (08:23):

I think that's an important point, isn't it, that people with schizophrenia who commit offences are more likely to get caught than others as well.

Kate Roberts (08:32):

And they're more likely to end up in situations where they might be offending because along with the psychosis comes that social drift we call it. So they become disconnected. So they're really on the outer of society in a way with that significant illness that some of the people we see with schizophrenia have. So they have poor interpersonal relationships, they may be homeless, they're unemployed, and that by nature of all of these things puts you at much higher risk of offending and ending up in prison.

Neil Cole (09:04):

So what percentage of violent crimes is it a high percentage of violent crimes?

Kate Roberts (09:10):

So we know that those with schizophrenia are significantly more likely to commit violence than the general population. That being said, it's really important to highlight that just because you have schizophrenia doesn't mean you're going to be violent. But there is that demonstrated risk borne out by many, many studies and lots of research over many years. I should add though that complicating just the diagnosis of schizophrenia is other things. So we know people with schizophrenia are more likely to use drugs and alcohol and that will bump up your risk of violent offending, as will antisocial attitudes, some antisocial personality features. And I'm not saying again that people with schizophrenia, are all antisocial, but if you have both, that will contribute greatly to the violence.

Neil Cole (10:02):

Well, my experience with people with schizophrenia particularly who are medicated is they're wonderful to deal with, but they've got a lovely personal style partly because of the drugs I'm sure. But with respect to the Thomas Embling and the violence, are there many people that are classified as insane at the time they committed their offence? Are there are many people like that with schizophrenia in particular?

Kate Roberts (10:27):

The short answer is yes. So if I tell you a bit about Thomas Embling.

Neil Cole (10:31):

That'd be good.

Kate Roberts (10:33):

So there's two main cohorts of patients in Thomas Embling and one predominant cohort is those that have been found not guilty by reasons of mental impairment. And that's a finding under the Crimes and Mental Impairment Act. So how that would work is you may commit an offence and your lawyer would identify that you have some mental health concerns, usually psychosis, schizophrenia, and they may seek a defence of mental impairment. So I think another common myth that would be worth dispelling is that the patients are not getting off with an offence. They're just being found not guilty by reasons of mental impairment. Because at the time they either did not know what they were doing or they couldn't argue that what they were doing was wrong.

Neil Cole (11:19):

Would they usually be in the psychotic section of schizophrenia?

Kate Roberts (11:24):

Yes. So that would create severe disorder within their thinking so that they can't really be responsible or even know what they were doing. So if we go back to the example I think we spoke about earlier, when somebody may have a psychotic belief that somebody is trying to harm them and they have to act in a certain way to avoid that harm. And often I would see people who believe they're going to be killed unless they kill someone else. And that's the unfortunate situation that they then end up with. They commit a homicide potentially and often against somebody they know, which is what makes it even more tragic I think.

Neil Cole (12:04):

That was always something with schizophrenia, that it's the carers who are actually at greatest risk. Most of the things happen within a family.

Kate Roberts (12:13):

That's right. There's evidence to suggest that people with schizophrenia are more likely to harm, not necessarily kill, but be violent towards people that they're close with. And yeah, you're right that often unfortunately as people who are trying their best to care for them, but they have such disordered thinking and they can't rationalise what their behaviour is that they act in such a way. So the majority of patients in Thomas Embling have had that finding of not guilty by reasons of mental impairment. And our main objective at Thomas Embling is to treat them. So as we've spoken about, treat their psychosis, but all the other criminogenic needs we call it. So there's all the other parts of their presentation which we need to treat and help them with so they can transition out of Thomas Embling. That's the ultimate goal. We don't want to keep them in an institution for the rest of their lives. We want them to go back to living meaningful lives safely.

Neil Cole (13:08):

It's one of the big questions and it must be disturbing, I think generally as a community to think you have somebody who's killing somebody in what they believe is self-defence. It's a terrible situation to be in. And I know I've dealt with people with schizophrenia who had those sort of profound fears and paranoia, but is it usually because they haven't been treated or they don't respond to treatments that their paranoia or their fear continues?

Kate Roberts (13:37):

Yes. So a number of them are not on treatment. That may be because they've just presented with an illness. So they haven't actually ever come into contact with a mental health service. We do see a number of first episode psychosis, it's called. We also see people who default from treatment so become non-compliant. And we've touched on some of the reasons for that. The side effects can be profound and really very limiting for people. So often people will think I'd rather not take that path. I'd rather feel better in myself and feel physically better so they come off their medication. But we also know that insight is something that disappears fairly quickly when people become unwell with severe mental illness and insight really is the ability to see themselves as unwell. So we'll get a number of patients presenting who will argue blue in the face that they feel fine and they don't need medication.

(14:35):

And there is absolutely no way they have a mental illness. And that's really challenging for them, very challenging for us because we're trying to treat them. So there's various ways you can address that. We talk about psychoeducation, we work in multidisciplinary teams, so it's not just psychiatrists that look after people with schizophrenia and other psychotic disorders. We've got workers, occupational therapists, psychologists. There's actually a lot of good evidence for talking therapy for various symptoms of schizophrenia. So is this kind of wraparound care that we can provide people and hope that yes, they become compliant with medication but also address all the other issues such as their interpersonal issues. So their family connections, meaningful occupation we know is really beneficial. So having purpose and a structured day really aids people's recovery.

Neil Cole (15:29):

Are there many people who have got those psychotic symptoms that may result in violence, but even if it doesn't, who are just not treated by the system, they don't get seen or they get seen once and then not again?

Kate Roberts (15:45):

Look, I don't think it's a secret that the system is under-resourced. The needs definitely outweighs what we can provide. So I think it becomes at times a bit of a threshold decision. So maybe it's important to talk about the Mental Health Act, what that does for people, that enables us to treat people against their will if we deem they have a serious mental illness, they're at imminent risk of harm to themselves or others, and they need treatment for that. And there's no less restrictive environment that that can happen in. So that's when you hear about the old term used to be sectioning or certifying. So having people come in and treated against their will, and we know that really the resources that we have to do that are lacking significantly. They're lacking in area mental health and wellbeing services. And they're also lacking at Thomas Embling, which is why we're building another 86 beds currently because we can't meet the demand currently. So it does mean unfortunately that some people don't meet that threshold. They might not want to engage on a voluntary level, so they do kind of get lost. They fall between the cracks.

Neil Cole (16:57):

And the thing that always intrigues me, what we forget is it's actually bloody hard dealing with people. It's not an easy exercise, but it must be doubly so dealing with people who are potentially violent, how do you handle people like that? What do you do? What mechanisms do you have?

Kate Roberts (17:19):

There's so many mechanisms, but maybe if I give an example of somebody who's in Thomas Embling, they're treatment resistant, so they may have ongoing symptoms, some of the ones we've talked about that might cause them to be violent. They may have some other aspects. They may have aspects to their personality, which have meant that they've not finished school, they've constantly got in trouble, other conditions may contribute to the violence. So we try and treat all of that. As I say, we try and give them meaningful occupation in their day. So that might not be a job, but it might just be activities and purpose. And then we do a range of assessments which will inform how we then treat them. So we have risk assessments, which is a core business of a forensic psychiatrist, and there's various ways we do that. We would talk to the patients, we would get all of the collateral information, the structured professional judgement tools that are validated that we use to predict whether they might be violent either the next day or further into the future.

Neil Cole (18:31):

It sounds like it's really labour intensive, isn't it? A lot of work has to go into it.

Kate Roberts (18:39):

Can be, yes, absolutely. And some people don't necessarily respond that well to the treatment we provide, but that's why we have hospitals like Thomas Embling. So we've got excellent staff who are just

desperate to make a difference in these individuals lives. And the patients that end up at Thomas Embling are some of the most vulnerable in society really. I shouldn't say nobody wants to hear about them, but they may have done a terrible thing. They're in an environment now, so there's no sort of public appetite to really think about what's happening.

Neil Cole (19:16):

The point you make, which I think is the most crucial, is that they're vulnerable people and unmedicated and on the street as you described, one, it can be dangerous for the community, but certainly it'd be very dangerous for them.

Kate Roberts (19:32):

Absolutely.

Neil Cole (19:33):

The other issue, without going to a too greater depth, but is the level of suicide in people, is that -

Kate Roberts (19:40):

It's a real issue.

Neil Cole (19:44):

I know, but is that that they're violent to themselves often? That violence becomes an out for them by being violent towards themselves?

Kate Roberts (19:54):

I don't know if it's really conceptualised as that, in the same way they're violent to others, but they are certainly often not seeing any way out. As we've talked about, they've become on the outer of society, they feel hopeless, they feel helpless, they struggle with activities of daily living. So I think often the only solution they see to that is suicide unfortunately.

Neil Cole (20:23):

Having known quite a few people have taken their life who've got schizophrenia, nearly all of them were people who weren't necessarily violent at all, but who were so hurt by their body and the hopelessness of it. I would concur with that.

Kate Roberts (20:40):

Yeah.

Neil Cole (20:41):

But I think that's an important point about the vulnerability of people -

Kate Roberts (20:46):

Yes.

Neil Cole (20:47):

And also the vulnerability of the community because they're not being treated properly or at all, and the system can't provide for them. How big a risk, what sort of number of violent crimes are actually committed by people with schizophrenia?

Kate Roberts (21:05):

So we know that, as I said, around 0.5 to 1% of the population has schizophrenia, and about 6.5% of homicides are committed by people with schizophrenia. So there's more risk there. And we know that probably around 10% of those in prison having committed something like a homicide have got schizophrenia. So I guess another way to put that though is there's 90% who don't have schizophrenia who are committing these offences. So again, just to dispel the myth, because you have schizophrenia, you're not going to act violently. But in saying that, there is obviously a significant recognised risk.

Neil Cole (21:47):

And there has been, I think, a massive increase in the number of people with mental illness in prison since de-institutionalization in particular. That's one question, but there's a couple of follow ups on that, but could you explain that one?

Kate Roberts (22:05):

Yeah, so de-institutionalization obviously happened a long time ago now, and that was a real movement to transition people with mental illness out of institutions or asylums and back into the community. And that was a really positive move because you want people to be in their own communities surrounded by their supports, their family. However, there is definitely a group who kind of got lost within that. And I suppose prison has now become, some could argue, the new institution for mental illness. If you think 40% of people in prison have some form of mental health complaint.

Neil Cole (22:45):

It's a shocking statistic really, isn't it?

Kate Roberts (22:48):

Yeah, and I think the key is to remember these people are vulnerable, because as healthcare practitioners and people with lived experience, we can do a lot to spread the word that this is a vulnerable group who need our help. They don't just need maligned and sort of secreted away.

Neil Cole (23:08):

What sort of treatment do people get who are not at Thomas Embling, who are in prison who have a psychiatric disorder?

Kate Roberts (23:16):

So the short answer is lots. We have a lot of resources in our prisons in Victoria. Currently I'm the director of clinical services for secondary mental health services in prisons. So we have a number of psychiatrists, lots of nurses, lots of allied health, so occupational therapists, social workers, psychologists. What we can't do is use the Mental Health Act. So if people don't want our treatment, we can't treat them against their will.

Neil Cole (23:47):

So if they were on a community service order, for example, and they went into prison?

Kate Roberts (23:51):

Unfortunately that goes into abeyance. So we can't continue the treatment on a community treatment order, but what we can do is if they become significantly unwell, we can put them on a different order under the Mental Health Act and transfer them to Thomas Embling. So that's the second cohort of patients that we have there. Unfortunately, we don't have much in the way of resources at the moment. There's very limited beds that we can access for people in prison who need treatment under the Mental Health Act.

Neil Cole (24:21):

There would therefore be a problem if somebody can't be on a CSO and can't be in Thomas Embling that they're in prison not being medicated at that time or treated.

Kate Roberts (24:34):

So we certainly work with people to try and encourage them to take medication and we use psychoeducation and all the other mechanisms we've already spoken about. But yes, you're right. There would be a group who do not want to receive treatment, but they're not quite meeting the threshold for transfer to Thomas Embling. So that is definitely a group that need our attention.

Neil Cole (24:54):

Can I just follow up on that one though, which it is one that worries me a lot and I've dealt with it as a lawyer recently, many times, actually, I'm not a lawyer anymore, just to advise. Say somebody goes in with bipolar mood disorder and they're on a CSO, but it doesn't apply when they're in prison and they're not unwell enough to go to Thomas Embling, and when they finish and come out, they commit the same offences for what they went in for because they haven't been treated. Is that quite common?

Kate Roberts (25:34):

We do certainly see a group and that happens. What we're really putting efforts into, and again, this was a recommendation of the Royal Commission, was building on those transitions. So when people are coming back out of prison, we're working really closely with area mental health and wellbeing services and other community providers to make sure that they're linked back in with care and all the while they're in prison, we're monitoring them. So even if they're not willing to comply or wishing to comply with medication, we're still keeping an eye on them, as it were.

Neil Cole (26:08):

I suppose the big question that I haven't asked is what's the gender differences?

Kate Roberts (26:13):

So there's many more men in prison than women. There's probably only around 250 to 300 women in custody at the moment in Victoria. And as I said, there's about 6,300 men. So yeah, huge difference in gender.

Neil Cole (26:30):

But what about to break down specifically with people with schizophrenia, the men and the women? So we know they're higher representation, disproportionate, but what about women?

Kate Roberts (26:40):

So we see women with schizophrenia as well.

Neil Cole (26:43):

Is it higher than the normal rate?

Kate Roberts (26:46):

Yes, absolutely. So mental illness is overrepresented in the women as well. And I think what women come with in addition often is an extensive history of trauma. So whether that be violence in the home, sexual violence, childhood sexual assault, abuse, so -

Neil Cole (27:04):

Sexual abuse in the hospitals too, which is why we were trying to separate them -

Kate Roberts (27:09):

Correct.

Neil Cole (27:10):

Men and women.

Kate Roberts (27:11):

And interestingly, we're building a gender specific women's precinct at Thomas Embling in our new hospital because we've identified those risks.

Neil Cole (27:19):

I think that's something you've raised, which really hits me is the word vulnerability. And in my experience, I've dealt 50 / 50 with men and women, probably more with women because we did creative arts things, but they're very vulnerable, very, very vulnerable people, and particularly to sexual

assault. So it's interesting to look at the fact that we need probably you're providing more care, well one to keep them out of prison, but also more generally to help them. Do you find it hard to deal with women harder than men?

Kate Roberts (27:59):

I think they present with different complexity or can do, and I think because they've experienced so much trauma, they often have that influence their personality. So then how they behave or cope with adversity is a little bit different than men. So I would say they are definitely difficult to treat.

Neil Cole (28:19):

They're an increasing number of them on the street. Homeless now women with schizophrenia.

Kate Roberts (28:25):

Look, I don't actually know the statistics of women versus men. It feels like we're seeing more of that. We know there's an absolute housing crisis in Victoria, and that causes our service a lot of concern when they're coming out of prison. Often it's really hard to find someone stable housing. Another thing you get with severe mental illness is itinerancy. So they're moving around. They don't feel connection to anywhere. So unfortunately homelessness is a real issue. I think probably across all of society, certainly if you have a severe mental illness, you're going to be more at risk.

Neil Cole (29:01):

One of the issues that I have said to people when you're dealing with people with schizophrenia, one of the first questions you ask, unlike any other illness is have you got somewhere to live? They need independent support. We've got a lot of homes now in Victoria that are doing that. The one in particular that I'm involved with is The Haven, and it's got independent living. It's got a lot of women there. But that would lead too to more crime, would it not?

Kate Roberts (29:28):

If they're homeless, you mean?

Neil Cole (29:30):

Yes.

Kate Roberts (29:30):

Yeah, absolutely. Yes. Because they can't seek employment, they can't have connections with community. So yeah, you end up drifting into -

Neil Cole (29:40):

And speaking on an economic front, it's a very expensive society to take people from the street and put 'em into prison, isn't it? It's not cheap way of going about the treatment and dealing with people.

Kate Roberts (29:53):

No.

Neil Cole (29:53):

Kate, is there anything further you'd like to add before we wind up?

Kate Roberts (29:57):

Well, I suppose one thing to impress, and I understand broadly people listening to this will be working in health professions, but I think if we can all just disseminate that message that we've spoken about, the vulnerability of this group and the fact that they need our help. I think often it's on the news. For example, somebody's acted in a violent way. Sometimes it's sensationalised somewhat, and there's the very quick jump to see them as some sort of monster or person that might be in control of their destiny. But really, if we can get out there that this group really needs our help, there are lots of things we can do to help. We've spoken about the treatments, all of the other things we can do to assist, I think that would be great just to remove that stigma.

Neil Cole (30:49):

It's wonderful to get such a positive hope there too, that it's nothing we can't do if we had the resources, but certainly the will and the intent is there and very strong, which is really positively reaffirming, I think, what we would like to do.

Kate Roberts (31:06):

Yeah, that's good. And there's so many people I work with who are there just to make a difference. We work in difficult circumstances. Prisons are not easy places to work, nor is Thomas Embling. But everyone is motivated to have the patient or the consumer at the heart and really make a difference in their lives.

Neil Cole (31:24):

Thanks, Kate. Kate, I'd like to thank you for helping us better understand schizophrenia, a complex and serious mental health diagnosis. And to you, the listeners, thank you for joining us. If you want to learn more about Kate or me, go to this episode's landing page and follow the hyperlinks. MHPN values, your feedback. On the landing page, you'll also find a link to a feedback survey. Please fill out the survey and let us know whether you found this episode helpful, and or provide comments and suggestions about how MHPN might better meet your listening needs. Thank you for your commitment to achieving better outcomes for people with mental health issues. It's goodbye.

Kate Roberts (32:05):

Bye. Thanks very much.

Neil Cole (32:06):

Bye. Thanks, Kate.

Host (32:09):

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