

A Comparison of “Offender” and “Non-Offender” Male Patients Admitted to the State Hospital, Carstairs between 1966 and 1975

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Summary: A comparison was made between ‘offender’ (part V) and ‘non-offender’ (part IV) male patients admitted to the State Hospital, Carstairs, over a ten year period. More than a third of the ‘non-offender’ group had at some time in the past been in penal institutions. During their stay in the State Hospital, the ‘non-offender’ patients were more disturbed in behaviour than their ‘offender’ counterparts, and relatively fewer of them were discharged during the period of study.

The purpose of this study is to provide comparative data on ‘offender’ and ‘non-offender’ male patients admitted to the Scottish State Hospital, Carstairs. Background information on the State Hospital is given in a survey of female offenders by Mitchell and Murphy (1975). In a fifteen year review of female patients admitted to the State Hospital, Brooks and Mitchell (1975) found that they fell naturally into two groups—those transferred from other hospitals under Part IV of the Mental Health Act (Scotland) 1960, and those sent from the courts or prisons. The two groups differed in respect of background history, diagnosis and prognosis. It was, therefore, decided to examine differences between male patients admitted under part IV of the Act (‘non-offenders’) and those sent from courts or prisons (‘offenders’). This article aims to answer three main questions:

- (1) How real is the distinction between ‘offenders’ and ‘non-offenders’?
- (2) How does the behaviour in the State Hospital of the two groups differ?
- (3) Do the groups differ in rate of discharge from and length of stay in the State Hospital?

Method

The study was a retrospective one, based on case record material. Carstairs case notes are very detailed and follow a standardized format. Extracts from previous psychiatric notes and photostats of previous convictions are routinely obtained. In addition, there is, for each patient, a separate typewritten file containing the nursing reports. The quality of the case notes was found to be particularly good from the

mid-1960’s onwards. For this reason, and to obtain an adequate sample, males admitted over a ten-year period, 1966–1975 inclusive, were reviewed. During the ten-year period, 54 male part IV (‘non-offender’) patients were admitted. The case notes of one such patient could not be traced, leaving 53 records for analysis. Over the same period 321 ‘offender’ patients were admitted—i.e. patients admitted under what was formerly part V (sections 55, 60, 63, 66 and 67) of the Mental Health (Scotland) Act 1960, now replaced by corresponding sections of the Criminal Procedure (Scotland) Act, 1975. For convenience, however, the ‘offender’ group of patients will be referred to as ‘part V’ patients. From the 321 part V patients, a random sample of 53, stratified by year of admission, was drawn. Details were extracted from the case notes as tabulated under ‘Results’. In addition the nursing records were scrutinized for evidence of episodes of disturbed behaviour which were classified under five headings: physical aggression (directed at people); damage to property; self-injury; verbal aggression; and acute psychotic episodes. The first three categories are quite clearcut, since a detailed record was made whenever a patient hit somebody, damaged something or injured himself. The latter two categories are less reliable, however, as they depended on the writer’s interpretation of comments made in the nursing records.

Results

Age on admission

The mean ages on admission of the two groups did not differ significantly.

Diagnosis

There were relatively more cases of schizophrenia and relatively fewer cases of personality disorder in the part IV group.

The diagnoses were those of the Carstairs' consultants. Where more than one diagnosis was given, a single diagnosis was chosen by applying the following order of preference: organic psychosis > functional

TABLE I
Age on admission

Age group	No. part IV	No. part V
10-19	9	9
20-29	16	19
30-39	22	10
40-49	5	11
50-59	1	2
60-69	0	2
Mean age	29.6	32.1

$t = 1.18$; NS

TABLE II
Diagnosis

	No. part IV	No. part V
Schizophrenia	27 (51%)	15 (28%)
Personality disorder	5 (9.5%)	16 (30%)
Mental deficiency	16 (30%)	16 (30%)
Miscellaneous	5 (9.5%)	6 (12%)

$\chi^2 = 9.28$; d.f. = 3; $P < .05$

TABLE III
Reasons for admission to State Hospital security

	No. part IV	No. part V
Homicidal act	1	11
Assault (excluding sexual)	42	20
Sexual misconduct	1	6
Other	9	16

χ^2 (rows 2 and 3 combined) = 14.48; d.f. = 2; $P < .001$

psychosis > mental deficiency > personality disorder/ alcohol or drug abuse—i.e. the more reliable diagnosis was chosen. An exception to this rule was made, however, where it was clear that a diagnosis which would have been chosen according to the above formula was doubtfully present or borderline. Thus schizophrenia plus personality disorder would be classed as schizophrenia unless the schizophrenia were doubtfully present in which case personality disorder would be chosen as the diagnosis.

The miscellaneous patients comprised the following: in the part IV group, two manic-depressives, one case of schizophreniform psychosis secondary to epilepsy, one of temporal lobe epilepsy, and one of psychosis secondary to intra-cranial infection; in the part V group one case of manic psychosis, one of endogenous depression, one of recurrent atypical depression, one of temporal lobe epilepsy and one of chronic alcoholism. Of the part IV patients, 14 (26 per cent) had a history of epilepsy of any kind, compared with 7 (13 per cent) of the part V group. This difference just fails to reach statistical significance.

Reasons for admission to special security of State Hospital

These are given in Table III.

The one homicidal act by a part IV patient is an artefact: this patient had been admitted to special security in England under the English equivalent of part V of the Scottish Act; on subsequent transfer to Scotland, he was detained under part IV. Of the part IV patients with a history of assault, 11 had hit hospital staff, 9 other patients, 18 both staff and patients and 4 other persons. The most serious injuries recorded in the victims were loss of an eye and loss of part of a finger. The assaults of the part V patients were not readily classifiable. The 'other' category includes fire-raising, theft, persistent absconding, 'unmanageable' and not adequately recorded.

Previous admissions to the penal system and to psychiatric hospitals

Twenty (38 per cent) of the 53 part IV patients had spent at least some time in the penal system (borstal, young offenders' institution or prison) or List D schools, compared with 33 (62 per cent) of the part V group. ($\chi^2 = 6.36$; d.f. = 1; $P < .02$). As expected, all of the part IV patients had had previous admissions to psychiatric hospitals; of the part V patients 35 (66 per cent) had had such admissions. Three of the part IV, and 9 of the part V, had had a previous admission to special security, prior to 1966.

Total amounts of time spent in the penal system and in psychiatric hospitals were summed up for the part

TABLE IV
Previous institutional care according to diagnostic sub-groups

Total number of months	Schizophrenia		Mental deficiency		Personality disorder	
	part IV	part V	part IV	part V	part IV	part V
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
<i>(a) In penal system</i>						
0	16 (59)	7 (47)	14 (88)*	5 (31)	2 (40)	3 (19)
1-50	10 (37)	7 (47)	1 (6)	9 (56)	3 (60)	8 (50)
>50	1 (4)	1 (6)	1 (6)	2 (13)	0	5 (31)
<i>(b) In psychiatric hospitals</i>						
0	0	4 (27)	0†	3 (19)	0	11 (69)
1-50	13 (48)	5 (33)	2 (12)	10 (62)	3 (60)	3 (19)
>50	14 (52)	6 (40)	14 (88)	3 (19)	2 (40)	2 (12)

* χ^2 (rows 2 and 3 combined and with Yates's correction) = 8.34; $P < .01$.

† χ^2 (rows 1 and 2 combined and with Yates's correction) = 12.61; $P < .001$.

Remaining differences not significant (χ^2 and Fisher tests as appropriate).

TABLE V
Number of part IV and part V patients exhibiting disturbed behaviour

No. of incidents per year	Physical aggression		Damage to property		Verbal aggression		Acute psychotic episodes	
	IV	V	IV	V	IV	V	IV	V
0	19*	27	31†	47	23‡	33	26§	39
0-1	12	18	14	5	10	13	5	8
>1	22	8	8	1	20	7	22	6

* $\chi^2 = 9.14$; d.f. = 2; $P < .02$

† χ^2 (rows 2 and 3 combined) = 12.42; $P < .001$

‡ $\chi^2 = 8.58$; d.f. = 2; $P < .02$

§ $\chi^2 = 12.44$; d.f. = 2; $P < .01$

IV and part V groups according to diagnosis. The figures for the penal system are nominal in that information on possible remissions of sentence was not available. Table IV gives figures for the main diagnostic sub-groups.

Differences reach significance only in the case of the mental defectives. (Figures for the miscellaneous category are not given but were not significantly different). The part IV mental defectives largely avoided prison but had spent particularly long periods in psychiatric hospitals.

The figures for the duration of stay in the penal system and psychiatric hospitals were combined, together with any time spent in children's homes, to give overall totals for duration of institutional care. Thirty-seven (70 per cent) of the part IV group had spent more than 4 years in institutional care com-

pared with 21 (40 per cent) of the part V group ($\chi^2 = 9.76$; d.f. = 1; $P < .01$).

Behaviour in the State Hospital

Because patients had spent variable lengths of time in the State Hospital up to the time of study, the numbers of incidents of disturbed behaviour *per year*, under the five headings already described, were calculated for each patient. Self-injury was uncommon, occurring respectively in only 3 and 2 patients in the part IV and part V groups. One part IV patient, however, hanged himself.

The numbers of patients exhibiting disturbed behaviour in the four remaining categories are shown in Table V.

In all categories the part IV patients were significantly more disturbed than the part V.

TABLE VI
Numbers of patients in main diagnostic sub-groups exhibiting disturbed behaviour

No. of incidents per year	Schizophrenia		Mental deficiency		Personality disorder	
	IV	V	IV	V	IV	V
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
<i>All types combined</i>						
0-1	6 (22)*	8 (53)	5 (31)	8 (50)	2 (40)	11 (69)
> 1	21 (78)	7 (47)	11 (69)	8 (50)	3 (60)	5 (31)
<i>(b) Physical aggression and property damage</i>						
0-1	14 (52)†	14 (93)	9 (56)	12 (75)	3 (60)	14 (88)
> 1	13 (48)	1 (7)	7 (44)	4 (25)	2 (40)	2 (12)

* χ^2 (Yates's correction) = 4.46; $P < .05$

† χ^2 (Yates's correction) = 5.88; $P < .02$

Remaining differences not significant (χ^2 and Fisher tests as appropriate).

Incidents of all types were then combined together and comparisons were made according to the three main diagnostic categories of schizophrenia, mental deficiency and personality disorder. (Table VI).

A trend towards greater disturbance is seen in all three part IV diagnostic sub-groups, and reaches significance in the case of the schizophrenics.

The same pattern is seen if only physical aggression towards persons and damage to property are considered together, i.e. excluding the potentially less reliable data on verbal aggression and acute psychotic episodes.

As further evidence of the relatively greater disturbance of the part IV groups, the records of accidents to nursing staff for the two-year period 1974-1975 were obtained. In all but three instances of injuries inflicted on staff by patients, the names of the patients involved were recorded. Although there were more part V than part IV patients resident in Carstairs at the time, only 19 injuries were inflicted by such patients, compared with 32 inflicted by part IV patients, over the two year period.

The injuries were for the most part bruising, minor cuts or broken spectacles, although there was one fractured metacarpal and one member of staff was rather severely beaten up by a patient wielding a shovel, causing a fractured rib and deep lacerations.

Discharges

By the end of 1980, only 19 (36 per cent) of the part IV patients admitted during 1966 to 1975 had been discharged from State Hospital security, compared with 32 (60 per cent) of the part V patients studied ($\chi^2 = 6.4$; d.f. = 2; $P < .02$). For the 19 part IV patients who were discharged, the mean length of

stay was 53 months, compared with 25 months for the 32 part V patients, a difference which fails to reach statistical significance. One of the part IV patients, and 4 of the part V, had been readmitted by the end of 1980 (not significant—Fisher exact test).

Discussion

Results confirm differences between the two groups. The part IV patients had been institutionalized for longer periods prior to admission to the State Hospital. More than a third of them had at some time in the past been inmates of penal institutions. This compares with nearly two thirds of the part V group. However, Table IV shows that whilst there is a trend, the difference between the groups is significant only in the case of the mental defectives. The part IV mental defectives had spent particularly long periods in psychiatric hospitals. They may thus have been protected from committing offences or from being proceeded against even if they did offend. The distinction between 'offenders' and 'non-offenders' is not as clear-cut as might first appear.

The part IV patients—particularly the schizophrenic subgroup—showed greater behavioural disturbance than the part V, as judged from nursing records. If there were a selective bias in recording incidents of violence or disturbed behaviour, one might expect the recording to be more accurate in patients referred from the Courts; the observed difference would then be less than the real one. In parallel with their greater behavioural disturbance, significantly fewer of the part IV patients were discharged from special security over the period of study, and for those discharged there was a trend towards a greater length of stay.

Males admitted to the State Hospital under part IV

of the Act are mainly individuals considerably disabled by psychosis or mental handicap and appear to be among the most persistently disturbed patients in Scotland. In present circumstances, there seems no alternative to sending such patients to the State Hospital, despite their 'non-offender' status and the remoteness of the State Hospital to many of their relatives. The care of disturbed patients is, however, currently (1981) the subject of discussions between the Scottish Division of the Royal College of Psychiatrists and the Scottish Home and Health Department. Current thinking favours the development of intensive care units, adequately staffed and adequately fitted, for the care of acutely disturbed patients in most of the Scottish psychiatric hospitals—rather than the development of 'medium security' units. Some part IV patients now sent to the State Hospital would presumably be managed in such intensive care units.

Attention has been drawn (Bluglass, 1978; Orr, 1978) to the reluctance of psychiatric hospitals in England to accept patients from the courts with the result that there are many mentally ill patients misplaced in prisons. Yet it seems that Scottish mental hospitals can produce patients who show more overt disturbance than that group of mentally abnormal offenders regarded as requiring State Hospital ad-

mission. The findings for the Scottish State Hospital might not hold true if part IV/part V comparisons were made in ordinary mental hospitals; but if they did, it would seem illogical for mental hospitals to refuse offender patients merely because they were thought to be disturbed or potentially violent.

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