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Criminal behavior among homeless individuals (HI) with severe mental illness (SMI)[☆]

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KEYWORDS

Criminal behaviour;
Homeless individuals;
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Abstract

Introduction: Several US studies have investigated the criminal behaviour among homeless individuals with severe mental illness. But to date, no studies have been carried out in Spain.

Method: A retrospective observational study was conducted on a sample of 118 patients selected from a psychiatric care programme for homeless individuals with severe mental illness. Factors associated with criminal behaviour were analysed by comparing 2 groups, with and without criminal records.

Results: Of the total sample studied, 24.6% had a criminal record, and 58.6% of them had entered prison. Significant differences between groups were found for the variables of gender, pending sentences, duration of homelessness, multiple substance use, disease awareness, and severity of psychotic symptoms.

Conclusions: In the population of homeless individuals with severe mental illness, regardless of gender, the co-existence of comorbidity with multiple substance use, and a prolonged duration of homelessness, is the most important risk factor for criminal behaviour.

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PALABRAS CLAVE

Conducta delictiva;
Personas sin hogar;
Sinhogarismo;
Trastorno mental grave

Conducta delictiva en las personas sin hogar (PSH) con trastorno mental grave (TMG)**Resumen**

Introducción: Varios estudios estadounidenses han investigado la conducta delictiva en las personas sin hogar con trastorno mental grave. Pero hasta la fecha ninguno se ha realizado en España.

Metodología: Estudio observacional retrospectivo, en una muestra de 118 pacientes, seleccionados de un programa de atención psiquiátrica para personas sin hogar con trastorno mental grave. Se analizaron los factores asociados a la conducta delictiva mediante la comparación de 2 grupos, con y sin antecedentes penales.

Resultados: El 24,6% de la muestra tenía algún antecedente penal y el 58,6% de este grupo había ingresado en prisión. Se encontraron diferencias significativas entre ambos grupos para las variables: sexo, condenas pendientes, duración del sinhogarismo, comorbilidad con politoxicomanía, conciencia de enfermedad y gravedad de los síntomas psicóticos.

Conclusiones: En la población de personas sin hogar con trastorno mental grave, con independencia del sexo, la coexistencia de comorbilidad con politoxicomanía y una duración prolongada del sinhogarismo, constituyen el factor de riesgo más importante para la conducta delictiva.

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Introduction

Lack of housing is a significant social and health problem in Spain. The data obtained in the last survey conducted by the Spanish National Statistics Institute¹ showed that the population of homeless individuals (HI) in Spain—attended to at accommodation and catering care facilities—in 2012 was 22,938 people. With population distributed by Autonomous Community, Catalonia (21.3%), Community of Madrid (15.4%) and Andalusia (13.1%) have the highest percentages. And, specifically, in the municipality of Madrid, in December 2014, the “VII Homeless Individuals Night Count”² was carried out, in which 764 people “without a roof” (i.e., who were spending the night on the street) were detected.

At present, epidemiological studies report that between 20% and 40% of HI suffer from a severe mental illness (SMI).^{1,3} The social exclusion suffered by this population is a complex phenomenon, which is linked to situations of family and social uprooting, unemployment, severe poverty, personal and social deterioration, etc.; which in turn is associated with greater participation in the criminal justice system (arrests, convictions and imprisonment).³

Increasingly in Spain, media coverage of violent incidents often depicts HI with SMI as perpetrators of crimes. These events continually draw public attention to the complex interaction between homelessness, SMI and criminal behaviour.

In the last 15 years, several studies³ have been carried out to find out about potential criminal behaviour in HI with SMI, in the USA,^{4–10} and to a lesser extent in the United Kingdom.¹¹

Another phenomenon tangentially related to criminal behaviour is the “criminalisation”³ of HI in general and of the mentally ill, in particular. This phenomenon pertains to the growing social tendency to criminalise disorderly conduct due to mental health, diverting people with mental illness towards the judicial and prison systems.

But, obviously, the data provided in this regard are difficult to transpose to the Spanish reality, both socially (legislation, rules about action procedures of the police and judges, etc.) and culturally (tolerance to deviation from social norms, etc.). And, to date, no study has been conducted on a Spanish sample that analyses this phenomenon in the specific population of HI with SMI.

Objectives

The main objective of the study was to analyse the factors associated with criminal behaviour in the HI population with SMI, by comparing 2 groups, with and without criminal records, from a sample of this social group.

Material and methods

A retrospective, naturalistic observational study conducted in a sample of HI with SMI attending the “Psychiatric Care Programme for the Homeless Mentally Ill” in Madrid.¹²

The aforementioned programme provides social, health and psychiatric care to all HI located in the municipality of Madrid, who are of legal age, who have an SMI and who, due to various circumstances, are not monitored by the Standard Mental Health Network.

The criterion for designating an individual as an HI is established by the European Federation of National Organisations Working with the Homeless (FEANTSA) based on ETHOS (European Typology of Homelessness and Housing Exclusion).¹³ It states the following: “People who cannot access or retain adequate accommodation that is adapted to their personal situation, that is permanent, and that provides a stable living environment, either due to economic reasons or other social barriers, or because they have personal difficulties with leading an autonomous lifestyle”.

The criterion for designating an individual as having an SMI is established by the United States’ National Institute of

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