

The Criminality of the Mentally Ill: A Dangerous Misconception

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A longstanding controversy is the relative dangerousness and criminality of the mentally ill. The author presents observational data from 1,072 police-citizen encounters in an urban area. The data show that persons exhibiting signs of serious mental disorder were not suspected of serious crimes at a rate disproportionate to their numbers in the population. The patterns of crime for mentally disordered persons and for non-mentally-disordered persons were substantially similar. These data help dispel the myth that the mentally ill constitute a dangerous group prone to violent crime.
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In recent years there has been a substantial increase in the number of mentally disordered persons residing in the community (1). This increase is a result of a number of complex factors including deinstitutionalization, more restrictive laws regarding commitment, and fiscal reductions in mental health programs (2). Unfortunately, the successful reentry of the mentally disordered person into the community may be hampered by the longstanding stereotype of the mentally ill individual as being dangerous (3-10).

A crucial issue is whether the stereotype of the mentally ill as dangerous and, therefore, more prone to commit crime is warranted. One way to verify this stereotype empirically is to observe police-citizen encounters (both police-initiated contact and citizen requests for service) and tabulate the relative frequency and types of crimes committed by persons exhibiting signs of serious mental disorder with that of non-mentally-disordered individuals. This report, based on quantified data from an observational study of 1,072

police-citizen encounters, presents the results of such an investigation and, in so doing, provides needed data on the relative criminality of the mentally ill.

PREVIOUS RESEARCH

With relatively few exceptions, the bulk of research in this area has attempted to verify the relative dangerousness of the psychiatric patient by comparing the arrest rates of former mental patients with those of the general population. Early investigations found arrest rates among former mental patients to be either lower than or equivalent to those in the general population (11-14). In contrast, most of the later investigations (15-21) found a higher arrest rate among formerly hospitalized persons than in the general population.

Steadman et al. (20, 21) offer an intriguing explanation for this apparent inconsistency over time. They found that the number of mental patients with prior arrests has increased substantially over the years and posited that the apparently higher arrest rate among former mental patients is a result of a marked change in the clientele of state hospitals (20). They pursued this line of investigation by comparing the rearrest rates of patients with and without criminal records (21). The results were striking: those patients without arrest records (approximately three-quarters of their sample) were arrested infrequently, i.e., at virtually the same rate as the general population. In contrast, patients who had multiple arrests before their psychiatric hospitalization were more likely to be rearrested after their hospital discharge. They concluded that it was not prior criminality per se that resulted in mental patients' being arrested more often than nonmental patients but the increased numbers of patients with criminal records entering psychiatric facilities. The lack of relationship between prior hospitalization and subsequent arrest was replicated in another investigation using an offender population (22). In that study, Steadman and Ribner found no relationship between the existence of a prior mental hospitalization and subsequent arrests made within 18 months after the offenders were released. To date, the only study finding higher arrest rates among former mental patients with no prior arrest record is an investigation conducted in California by Sosowsky (23). Although he reported arrest rates for former mental patients that were more

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than five times those of the general population, the study has been severely criticized for using inappropriate baseline data (24), thus rendering Sosowsky's conclusions somewhat suspect.

In sum, the latest research literature indicates that the apparently greater criminality of former mental patients found in recent studies can be attributed to a difference in the characteristics of the samples used in the earlier and the more current investigations (20). When samples are matched for demographic factors and prior criminal history, there is no consistent evidence that the true prevalence rate of criminal behavior among former mental patients exceeds the true prevalence rate of criminal behavior among the general population (24). However, while the logic of this argument is compelling, the conclusion that the mentally ill are no more prone to crime is rendered problematic by several methodological limitations of the previous research.

Type of Data

With relatively few exceptions (25), previous investigators have largely relied on official arrest-rate statistics as a measure of criminal behavior. This procedure, whereby data can be efficiently collected on a large number of cases, was necessitated by the current state of knowledge in the area. Unfortunately, the value of such archival information is compromised by three basic problems.

First, although arrest rates are one important index of "true" criminal behavior (24), this operationalization has a serious limitation. By using arrest as the sole indicator of "crime," such studies eliminate those "truly" criminal incidents that result in the presence of the police but do not culminate in an arrest. Criminological research indicates that, even in situations in which criminal acts have occurred, informal dispositions predominate and arrest is a statistically rare event (26-28). As a consequence, studies based on arrest rates capture but a fraction of those "crimes" that occur and thus severely underrepresent the "true" prevalence of criminal behavior. What is needed is a data collection plan that captures a greater proportion of criminal events.

Second, the value of arrest-rate statistics is further compromised by the fact that arrests are by no means a random sample of all criminal events. The decision to arrest is the result of a complex discretionary process in which the commission of a crime is only one determining factor. Again, this is substantiated in the criminological literature. For example, arrest decisions have been found to be related to the prior arrest record of the suspect (29, 30), the perceived helplessness of the citizen (31), and the mental status of the suspect (32). The fact that noncriminological variables may intrude into the decision to arrest may result in a severe sampling bias in studies using arrest-rate statistics. For example, the finding of Steadman et al. (20) that arrest rates vary for former mental patients with and without

a previous arrest record may be less a function of the lesser criminality of mental patients than of the apparent inclination of the police to arrest prior offenders.

Finally, when one is using official statistics, the category of crime may have only a vague resemblance to the actual nature of the criminal event. For example, domestic disputes, which often involve assault or battery, rarely result in an arrest for either of these crimes. If an arrest occurs (in itself a rare event), the charge is most often "disorderly conduct," a lesser offense which has the function of temporarily removing the offender from the scene of conflict (28).

In sum, arrest rates cannot be equated with the commission or noncommission of a crime, nor can the type of charge be taken to reflect the actual nature of the criminal event. As a consequence, relying on arrest-rate statistics as the sole indicator of "true" criminal behavior is likely to result in a biased sample of "crimes." The matter is further complicated by the fact that the direction of this bias is unknown. On the one hand, mentally disordered persons may be more likely to be arrested than the non-mentally-ill for similar offenses, particularly in situations where there is a paucity of alternative dispositions available to the officer (2). This would have the effect of making the mentally ill appear to be more criminal (i.e., have a higher arrest rate) than they "really" are. Alternatively, studies using arrest rates may underestimate the amount of crime committed by the mentally ill, particularly since those with a history of previous hospitalizations are often rehospitalized rather than arrested (5). Clearly, what is needed to assess the relative criminality of the mentally ill is a data base encompassing a more representative sample of criminal offenses than do arrest-rate statistics.

Type of Sample

Virtually all investigations have used prior hospitalization as the sole indicator of mental disorder. Moreover, with the exception of one study of prior offenders (22), all investigations have restricted their samples to persons who have been hospitalized in a state institution. There are two problems inherent in this sampling procedure.

First, if only persons from state hospitals are included, the sample, by definition, eliminates private patients. Monahan and Steadman (24) point out that this sampling strategy biases the results in the direction of finding greater criminality among former mental patients. They reason that rates of criminal behavior might be expected to be higher for former state hospital patients than for the entire group of formerly hospitalized individuals (i.e., those in both public and private hospitals). Persons treated in state hospitals tend to be of a lower social class than those treated as outpatients or in private facilities, and many studies find a correlation between criminal behavior and lower social class (24).

Second, this rather restrictive sampling strategy excludes those mentally ill persons who, due to a lack of sophistication or community resources or to pure happenstance, are not given inpatient treatment. Here the problem is one of external validity; it would be desirable to extend the findings of the previous research to samples other than an inpatient population. What is needed is to base the operationalization of mental disorder less on treatment (i.e., former mental patients) than on the broader indicators of mental illness.

In conclusion, what is needed to move beyond the previous research literature is a study designed so as to avoid the aforementioned problems inherent in using arrest-rate statistics and restrictive sampling criteria. A logical extension of the body of research in this area is to focus on the *initial* point in the criminal justice system—the police-citizen encounter. In this way, we may ascertain the actual frequency of criminal acts committed by mentally disordered persons, as well as compare the relative prevalence of crimes committed by persons exhibiting signs of mental disorder with baseline data (i.e., non-mentally-disordered individuals). In so doing, this report presents additional evidence needed to ascertain the relative criminality of mentally disordered persons.

METHOD

The data used in this report were part of a larger research effort that examined police handling of the mentally ill. The overall investigation included a large-scale observational study of everyday police activity in order to observe firsthand their involvement with mentally disordered persons. To this end, police officers in a large northern city with a Standard Metropolitan Area population of more than 1 million were observed in their everyday interactions with citizens for 2,200 hours over a 14-month period during 1980–1981; 283 randomly selected officers were included. This data base is also ideal for examining the presence of mental disorder vis-à-vis the relative frequency of criminal acts and of incidents that require the presence of the police.

Observers included myself and five clinical psychology graduate students (three men and two women). Observations were conducted during all hours of the day; evenings and weekends were oversampled in order to obtain a maximum of data within a minimum amount of time. Data were collected in two busy urban police precincts that included residents ranging from the lowest socioeconomic level to the very wealthy. These two precincts were judged to be typical of this city as well as of any large northern urban area. All types of police-citizen interactions were observed, irrespective of any mental health component. Such a procedure was necessary to obtain data on situations not related to mental health for use as baseline comparisons.

Although a standardized mode of assessment to test for the presence of mental disorder would have been preferable, the naturalistic setting of the research obviously precluded making in-depth streetcorner psychiatric examinations. In view of the limitations imposed by the naturalistic setting, the presence of mental disorder was ascertained by the fieldworker by use of a symptom checklist that listed the characteristics of severe mental disorder, e.g., confusion/disorientation; withdrawal/unresponsiveness; paranoid, inappropriate, or bizarre speech and/or behavior; and self-destructive behaviors. Thus, criminal behavior per se was not defined as being indicative of mental disorder, despite the fact that it is included in *DSM-III* as a symptom of sociopathy (*DSM-III* diagnosis 301.70). The focus was on identifying those persons suffering from the more severe forms of mental illness such as schizophrenia and major affective disorder. A person was defined as being mentally disordered if he or she possessed at least one of the above-mentioned traits and was also given a global rating indicating the presence of severe mental disorder by the fieldworker. Both the presence of traits and the global rating were necessary in order to avoid categorizing persons as being mentally ill when, in fact, they were merely exhibiting bizarre or unusual behavior. Thus, the environmental context and a number of extrapsychiatric cues were taken into account by the fieldworkers when making these judgments. An example will clarify the need for this procedure.

A street person who was found by police to be loudly shouting and running down the street naked on a cold night in January would be coded as “mentally disordered.” However, similar behaviors exhibited on a warm June evening by a group of drunken college students would have been recognized as being simply bizarre, albeit within the range of “normality.” The high reliability of this measure (greater than 95%) is probably due to the fact that all fieldworkers were students in a doctoral program in clinical psychology and had received extensive training in conventional psychiatric assessment techniques as part of their graduate training.

To ensure that this measure accurately discriminated between persons who did and did not exhibit signs of serious mental disorder, I conducted a separate validity study. Using a sample of 61 randomly selected jail detainees, I compared the results of the measure used in the present investigation with those generated by a standard diagnostic instrument, the NIMH Diagnostic Interview Schedule (DIS). The validity study involved diagnosing the 61 subjects as being “severely mentally disordered” or “not severely disordered” by both the DIS and our specially devised observational measure. The observational measure was recorded after a brief period of interaction (approximately 5–10 minutes), an amount of time which would approximate that which the observer would have with a person during a police-citizen encounter. Subsequently, the 61 jail detainees were interviewed using the DIS. There was

93.4% agreement between the observational measure and the DIS as to the presence or absence of severe mental disorder (psychosis). The results of two statistical tests indicate that the two measures are highly correlated; Fisher's exact test, $p < .001$; Kendall's $\tau - \beta = .739$. The strong relationship between our observational measure and the DIS confirms the validity of our instrument in detecting the presence of psychosis. Thus, the results of this validity study indicate that the categories generated by our observational instrument (severely disordered/nondisordered) are a fairly reliable substitute for conventional assessment techniques in assessing the presence or absence of current severe mental disorder.

For the purpose of minimizing evaluation apprehension on the part of the police officer, use of a tape recorder and extensive note taking were not permitted during the observations. The apparent lack of an obvious formal data collection procedure appeared to enhance cooperation between the police officer and the observer. After the first hour or so of observation, most officers tended to accept the fieldworker as a quasi-peer, often sharing their insights into street life and human nature with the observer.

To facilitate recollection of the data for subsequent transcription, fieldworkers were allowed to make a list of all the police-citizen encounters that took place during the observational period. A sample list might read: "1) 9:20 p.m., shoplifting at drug store, 2) 10:15 p.m., disturbance in schoolyard, Washington Elementary School," and so on. This list was later used by the fieldworker to facilitate data transcription. Data recording was conducted by later coding the objective characteristics of the encounter according to an instrument specifically developed for this purpose, the incident coding form. This instrument was designed to record the concrete behaviors and descriptive categories central to all aspects of the police-citizen encounter. In an extensive pilot test before the data collection began, interrater reliability values exceeded 97% for the coded information, including items concerning the presence of mental disorder. An incident coding form was completed for every encounter between a police officer and a citizen that involved at least three verbal exchanges. In order to maximize interobserver reliability, all fieldworkers were given 250 hours of training over a 3-month period, using both videotapes and field situations. In addition, reliability was subsequently monitored through periodic spot-checks.

Overall, 1,072 police-citizen encounters involving 2,122 citizens were observed and coded. Since the focus of the investigation was on the relative criminality of the mentally ill, data on 310 traffic citations (e.g., parking tickets, moving traffic violations) involving 433 citizens were omitted from the analyses. The size and breadth of our data base make it an appropriate vehicle for assessing the frequency with which apparently mentally disordered persons become involved in the kinds of situations that result in the presence of the police.

TABLE 1. Relationship Between Severe Mental Disorder and Role of Citizens Involved With Urban Police Officers*

Role of Citizen	Severe Mental Disorder					
	Yes (N=85)		No (N=2,037)		Total (N=2,122)	
	N	%	N	%	N	%
Victim/complainant	13	15.3	653	32.1	666	31.4
Suspect	30	35.3	476	23.4	506	23.8
Witness/complainant	2	2.4	354	17.4	356	16.8
Subject of concern	25	29.4	293	14.4	318	15.0
Object of assistance	14	16.5	163	8.0	177	8.3
Other	1	1.2	98	4.8	99	4.7

*Significant difference: $\chi^2 = 44.78$, $df = 5$, $p < .001$.

RESULTS

Overall, police encounters with mentally disordered persons were a relatively rare event; of the 2,122 persons involved with police, only 85 (4%) exhibited signs of serious mental disorder. A major question is whether persons suffering from mental disorder were predominantly suspects or victims of crimes. Table 1 shows that the presence of mental disorder was significantly related to the role of the citizen ($\chi^2 = 44.78$, $p < .001$). The table shows that mentally disordered persons were far less likely to be victims or complainants than non-mentally-ill individuals, but were twice as likely as non-mentally-disordered persons to be either subjects of concern or objects of assistance. In addition, they were somewhat more likely (35.3% versus 23.4% for non-mentally-disordered persons) to be suspects.

The next step in the analysis was to ascertain the extent to which mentally disordered suspects were involved in more serious crimes. To this end, the type of criminal incident was divided into six major categories: violent personal crime, interpersonal conflict, major property crime, minor property crime, public health, safety or decency offense, and public order offense. These six categories were derived from a complex coding scheme that included more than 120 subcategories of crime. Violent personal crime included homicide, rape, and serious assault. Less serious disturbances between persons were coded as interpersonal conflict. Major property crime differed from minor property crime in that the former involved the presence of a weapon (i.e., robbery) or was a felonious theft. Public health, safety, or decency offenses included all drug offenses as well as offenses against the normative order, e.g., prostitution or gambling. Public order offenses involved some type of minor disturbance, e.g., disorderly persons, public intoxication or vagrancy, and suspicious persons or situations. Incidents initially coded in multiple categories were later recoded according to the more serious incident.

Table 2 shows that the type of incident was not significantly related to the presence or absence of mental disorder for the 506 suspects ($\chi^2 = 4.58$, n.s.). These data indicate that mentally disordered persons

TABLE 2. Relationship Between Severe Mental Disorder and Type of Incident Among Suspects Involved With Urban Police Officers^a

Type of Incident	Severe Mental Disorder					
	Yes (N=30)		No (N=476)		Total (N=506)	
	N	%	N	%	N	%
Violent personal crime	3	10.0	17	3.6	20	4.0
Interpersonal conflict	9	30.0	148	31.1	157	31.0
Major property crime	1	3.3	12	2.5	13	2.6
Minor property crime	1	3.3	49	10.3	50	9.9
Public health, safety, or decency offense	1	3.3	23	4.8	24	4.7
Public order offense	15	50.0	227	47.7	242	47.8

^aNonsignificant difference: $\chi^2=4.58$, $df=5$, $p>.25$.

did not differ significantly from non-mentally-ill individuals in the type of violation.

In sum, the data indicate that the mentally ill did not present an overwhelming burden for police in terms of frequency of encounters. More important, while they exhibited a slight trend to be suspects more frequently than did non-mentally-disordered persons, the mentally ill did not commit serious crimes at a rate disproportionate to their numbers. From these data, it appears that the pattern of crime among the mentally ill is substantially similar to that of the general population, at least in this large northern city.

DISCUSSION

This study shows that contact by police with mentally disordered citizens was a relatively infrequent event; mentally disordered citizens made up less than 5% of the persons who were involved with the police. This figure is within the expected range indicated by recent epidemiological studies of the true prevalence of serious mental disorder in the United States. Estimates of the rate of psychoses in community populations range from 0% to 8.3%, and the median rate is 1.7% (33). Although the frequency of police involvement with the mentally ill was higher than the median prevalence rate of psychosis, this may be explained by the characteristics of the neighborhoods we studied. Specifically, the data collection site included two "deviant ghettos" (34), i.e., neighborhoods that contained a number of halfway houses and residential hotels housing former mental patients. In communities such as these, one would expect the number of contacts with police to be somewhat higher than the median rate found in the national epidemiological studies.

However, contact between a mentally disordered person and the police was not likely to have been a result of his or her having committed a crime. Mentally ill persons were involved as suspects only slightly more often than would be expected by their numbers. The modal involvement between police and the mentally ill was not one of a crazed suspect committing a heinous crime, but was more likely to involve a person engag-

ing in behavior harmful to himself or herself. These findings thus confirm the use of police as a major community mental health resource (35-38). Clearly the police officer operates, at least to some extent, as a streetcorner psychiatrist. Put in this context, there is ample reason to expect the mentally ill to have contact with the police inasmuch as the mentally ill represent one of the needier segments of the population.

Perhaps the most important finding of this study is that there were no appreciable differences between the mentally disordered suspects and the non-mentally-disordered suspects regarding the type of crimes that were perpetrated. This result is inconsistent with many of the previous investigations using arrest-rate data. One explanation for this discrepancy may be the unique methodology used in this study. Previous research has relied largely on archival data, e.g., studying the arrest records of former mental patients. As mentioned earlier, there is great potential slippage between the commission of an illegal act and that incident's being labeled a crime via arrest. Only a small proportion of criminal incidents actually become crimes (i.e., result in arrests). In our study, for example, only 29.2% of the 506 suspects were actually arrested (32). Moreover, illegal acts that result in arrest are neither a random nor a representative sample of crimes that occur. The decision to arrest is known to be influenced by a variety of sociopsychological and sociostructural exigencies (28). Labeling theorists suggest that initially bestowed definitions such as "prior offender" and "mental patient" become a type of master status that substantially affects the ways in which that person's subsequent behavior is defined, interpreted, and processed (39, 40). Since labels such as "prior criminal record" and "presence of obvious symptoms of severe mental disorder" are known to increase the probability of arrest (32), the apparently greater criminality of the mentally ill found in the arrest-rate studies may be an artifact of the propensity of the mentally ill to be arrested rather than a tendency toward criminality per se.

It is interesting to note that the results of this study largely substantiate the recent findings of Steadman and Felson (25) and provide indirect support for the position of Monahan and Steadman (24). In an exhaustive review of the pertinent research literature, Monahan and Steadman concluded that if a number of sociodemographic factors known to be related to crime are taken into account (e.g., race, age, and prior criminality), the relationship between mental disorder and criminality substantially diminishes. The present study, unlike previous investigations, encompassed all detected violations, regardless of the police officer's disposition of the incident. Thus, it is relatively uncontaminated by the effects of the variables Monahan and Steadman believed might have produced an artifactual relationship between mental disorder and criminality. The results of this study indicate that future investigators should attempt to design studies so as to avoid the biases inherent in archival data.

In conclusion, the stereotype of the mentally ill as dangerous is not substantiated by our data from police-citizen encounters. Thus, it is particularly unfortunate that the mentally ill continue to be portrayed by the news and entertainment media as crazed and violent people. Selective media reporting of instances in which mental illness and criminal behavior appear to be linked feeds the stereotype of the mentally ill as dangerous (10). Similarly, television and movie producers appear to be addicted to "mad slasher" plots in which grisly crimes are almost invariably committed by a newly released mental patient. One wonders if such metaevidence is responsible for the recent proliferation of the more combative tactics (e.g., nets, toxic substances) police now use to respond to calls involving mentally disordered persons (41).

The crucial issue is that with the advent of deinstitutionalization the mentally ill have no choice but to reside within the community. Unfortunately, reintegration into the community is made more difficult by the presumption that the mentally ill person is dangerous and prone to crime (42). Until such time as this stereotype is substantiated by empirical evidence, we must find ways to correct this misconception and, in so doing, provide a more receptive environment for the reentry of the mentally ill into the community setting.

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July Supplement to the *Journal*

The July issue of the *Journal* will feature a supplement titled "Research on Mental Illness and Addictive Disorders: Progress and Prospects," a report by the Board on Mental Health and Behavioral Medicine, Institute of Medicine. Prepared in response to a request from the Alcohol, Drug Abuse, and Mental Health Administration, the report portrays the immensity of the individual and social problems created by mental illness and documents the decline in federal support for research in this area.

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