

Homeless Mentally Disordered Defendants: Competency to Stand Trial and Mental Status Findings

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This study examines relationships between homelessness and findings of incompetency to stand trial in a sample of mentally disordered offenders. All 263 defendants referred for competency evaluation over a six-month period by the Criminal and Supreme Courts in Manhattan were studied. Each defendant was evaluated by two forensic psychiatrists using a structured interview protocol. After removing "false-positive" referrals, 42 percent of the mentally disordered defendants referred to this setting were found to have been homeless at the time of their instant offense, making them more than 40 times more likely to be homeless than the general population and 21 times more likely to be homeless than the rest of the city's mentally ill population. Homeless mentally disordered defendants were significantly more likely to be found incompetent to stand trial than domiciled defendants ($p < .007$) but also presented with significantly higher levels of psychopathology. Examination of mental status findings revealed that homeless defendants were more likely to be psychotic, including a higher incidence of formal thought disorder and ideas of reference. The relationship between homelessness and incompetency seems to be mediated by psychotic symptoms, suggesting that these defendants are not being found incompetent because they are homeless, but that homeless defendants are more likely to be psychotic and to exhibit a greater degree of psychopathology. The clinical and public policy implications of these findings are discussed.

Homeless mentally disordered offenders represent one of the fastest growing seg-

ments of the forensic psychiatric population in the United States today. However, surprisingly little is known about them and the factors that account for their influx into the system. The increasing prevalence of these offenders particularly in major urban centers raises new and unique issues for forensic evaluation

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and treatment. In an effort to understand what may be driving this phenomenon, this article examines competency to stand trial evaluations and their potential gatekeeping role in this trend.

A number of recent research studies provide evidence that the homeless mentally ill are disproportionately involved in the criminal justice and forensic mental health systems.¹⁻⁴ Studies of the prevalence of homelessness among detainees in urban jails reflect this trend. Michaels *et al.*⁵ found that 20 percent of inmates in a New York City jail were homeless at the time of their instant offense, and found a strong association between homelessness and mental illness in this sample. Solomon *et al.*⁶ found an even higher rate (31%) in Philadelphia among jail detainees seen for psychiatric evaluation and treatment. Considering that roughly one percent of the population in these cities is homeless, jail detainees are homeless at 20 to 30 times the rate of the general population.

Simultaneously, research on jail detainees in Chicago⁴ and New York⁵ has shown that homeless detainees have the highest rates of serious mental disorder. This raises a concern about the relationship between homelessness, mental disorder, and criminal behavior. The prevalence of homelessness among maximum-security forensic psychiatric patients has been documented at even higher rates, with evidence that 50 percent of the offenders in New York City's primary forensic psychiatric hospital were homeless at the time of their instant offense.³

If the homeless mentally ill are more

likely to be captured in the net of the criminal justice system, then it is likely that they are overrepresented among defendants referred to mental health professionals for evaluations of competency to stand trial. The present study examines the prevalence of homelessness among mentally disordered defendants referred for competency evaluations to a forensic psychiatric clinic serving Manhattan. The goal of the study was to explore the role homelessness may play in clinical evaluations of competency to stand trial. In addition to determining the prevalence of homelessness, we describe the demographic and mental status characteristics of this special population and explore the relationships between homelessness, mental status, and findings of incompetency to stand trial.

Method

Setting Data for this project were collected at the Forensic Psychiatry Clinic for the Criminal and Supreme Courts in Manhattan. When a question of mental disorder arises in any Manhattan criminal case (initiated by the judge, district attorney, defense attorney, or defendant) the defendant is generally referred for psychiatric evaluation at the Forensic Psychiatry Clinic. The clinic is the primary point in the system where mentally disordered defendants are clinically identified.* It is essentially

* A very small number of defendants are taken by the police directly to Bellevue Hospital Center where in some cases they may subsequently be assessed for competency to stand trial on an inpatient forensic unit. Dr. Robert Berger, the director of the Bellevue Forensic Unit, estimates that they see three or four such cases a year (personal communication). A similarly small number of defendants receive private competency assessments without also being seen at the Forensic Psychiatry Clinic. However, the vast majority of cases arising in Manhattan are seen at the Forensic Psychiatry Clinic.

Homeless Mentally Disordered Defendant

a triage center within the courthouse, where defendants are evaluated to determine their competency to proceed in court and related psychiatric/legal issues. Defendants found to be unfit to proceed by the court after evaluation at the Forensic Psychiatry Clinic are sent by court order to an inpatient forensic facility for ongoing evaluation and treatment.

Subjects All defendants referred to the clinic for competency evaluation over a six-month period from April 25, 1990 through October 25, 1990 were included in the sample. This yielded an initial sample of 263 defendants.

Exclusion criteria Because this is a study of mentally disordered offenders, the first task was to remove false-positive referrals, i.e., cases with no history or evidence of mental illness. To be retained in the sample, a defendant had to meet either of two criteria. S/he had to exhibit either present signs or symptoms of mental illness, or to have a known history of mental illness (as indicated by past diagnosis, past hospitalization, and/or evidence of past treatment, e.g., psychotropic medication). A total of 29 false-positive referrals (i.e., defendants with no history of mental illness and no current signs or symptoms of mental illness) were excluded on this basis.† Additional cases were excluded where reliable data could not be obtained from the defendant. A total of 50 cases were excluded on this basis, the most common reasons being lack of cooperation

or suspected malingering. Removing these cases yielded useful data for a final sample of 184 mentally disordered defendants.

Procedure For each subject, data were collected from two primary sources. First, all defendants evaluated at the clinic were interviewed by two psychiatrists using a structured interview protocol. Data from these interviews provided self-reported information on homelessness, substance abuse, mental health history, mental status, and psychiatric symptoms. Secondly, court and clinic records were reviewed for instant offense and criminal history data including arrest and conviction records, reports filed by arresting officers, witness accounts, probation and parole reports, indictments, and legal briefs.

Operationalizing homelessness A cross-sectional measure of homelessness was used based on the domicile status of the offenders at the time of the alleged offense. The following criteria were used to classify the subjects based on domicile *at the time of the instant offense*. An offender was classified as "homeless" if, at the time of the offense, the subject was living and sleeping in the streets, a city-run shelter, an abandoned building, an abandoned car, the subway system, or a similar transient situation. Offenders were classified as "domiciled" if they were maintaining a permanent address or residing on a permanent basis with family members at the time of the offense.

Results

Prevalence of homelessness As we have reported elsewhere, (Martell DA,

† Of these false-positive cases, five (17 percent) were homeless at the time of their instant offense.

Rosner R, Harmon R, unpublished manuscript) 77 (42%) of the mentally disordered defendants seen at the Court Clinic over the six-month study interval were found to have been homeless at the time of their instant offense. This is notable because previous research estimates that only two percent of the city's mentally disordered population is homeless.³ Hence, the rate of homelessness among these defendants is 21 times the rate found in the city's mentally ill population, and more than 40 times the rate found in the general population.

Demographics Table 1 presents demographic data for this sample, broken down by domicile status. There was no significant difference between homeless and domiciled defendants with respect to age. Both groups had a mean age of approximately 34, with a range from 18 to 58 years in the homeless group and 17 to 59 years in the domiciled group. There was also no substantial difference between the homeless and domiciled defendants with regard to sex. More than

90 percent of both groups were male, with just under 10 percent of each group being female. Significant differences did emerge when examining domicile by race effects. There were no differences in the prevalence of homelessness among white, African-American, and "other" racial groups. However, Hispanic defendants were significantly less likely to have been homeless at the time of their instant offense (Fisher's Exact Test, $p = .02$).

Competency to Stand Trial and Mental Status Findings Mental status and competency to stand trial data are presented in Table 2. The homeless defendants in this sample were significantly more likely than domiciled defendants to be found incompetent to stand trial ($\chi^2 (1, 184) = 7.21, p < .007$). Seventy-five percent ($n = 58$) of the homeless defendants were found to be unfit to proceed, compared with 56 percent ($n = 60$) of the domiciled defendants. A relative risk estimate makes it appear that a homeless mentally disordered offender

Table 1
Demographic Characteristics of Court Referrals

| | Homeless Defendants | Domiciled Defendants | |
|----------|---------------------|----------------------|-------------|
| Age | | | |
| Mean | 34.26 | 33.34 | |
| SD | 8.16 | 10.14 | |
| Range | 18-58 | 17-59 | |
| Sex | | | |
| Male | 72 (93%) | 97 (91%) | |
| Female | 5 (7%) | 10 (9%) | |
| Race | | | |
| White | 16 (21%) | 14 (13%) | ns |
| Black | 48 (62%) | 59 (56%) | ns |
| Hispanic | 12 (16%) | 31 (29%) | $p = .02^*$ |
| Other | 1 (1%) | 2 (2%) | ns |

* Fisher's exact test.

Table 2
Competency to Stand Trial and Mental Status

| | Homeless Defendants | | Domiciled Defendants | | |
|---------------------------|---------------------|---------|----------------------|---------|-----------------|
| | N | Percent | N | Percent | |
| Competency to Stand Trial | | | | | |
| Unfit to proceed | 58 | 75% | 60 | 56% | $p = .007^*$ |
| Fit to proceed | 19 | 25% | 47 | 44% | |
| Mental Status Findings | | | | | |
| Psychotic | 67 | 87% | 77 | 72% | $p = .01^{**}$ |
| Hallucinations | 37 | 48% | 48 | 45% | ns |
| Delusions | 47 | 61% | 55 | 52% | ns |
| Ideas of reference | 34 | 44% | 34 | 32% | $p = .059^{**}$ |
| Formal thought disorder | 39 | 51% | 30 | 28% | $p = .001^{**}$ |

* Chi-square

** Fisher's exact test.

is 2.4 times more likely to be found incompetent to stand trial than a domiciled mentally disordered offender (95% confidence interval = 1.26 to 4.55). However, as we show below, the simple fact of homelessness may not be the primary factor accounting for this effect.

On mental status examination, findings of psychosis were significantly more prevalent among homeless defendants ($\chi^2 (1, 184) = 5.96, p < .01$). Eighty-seven percent of the homeless defendants were found to be psychotic, compared with 72 percent of the domiciled defendants. An analysis of the relative risk of psychosis among homeless defendants in this cohort estimates that homelessness may increase the risk of psychosis by a factor of 2.6 (95 percent confidence interval = 1.19 to 5.73). Although the homeless defendants had higher absolute rates for all psychotic symptoms, there were no statistically significant differences between homeless and domiciled defendants for the presence of hallucinations or delusions. The difference in rates between homeless and

domiciled defendants did reach statistical significance for the presence of ideas of reference and formal thought disorder.

Given that the homeless defendants in this sample seemed to be both more likely to exhibit psychotic symptoms and more likely to be found incompetent to stand trial, it remained to be determined what the relationship was between homelessness, psychotic symptoms, and incompetency. Were these defendants being found incompetent because of their homeless status, because they were more psychotic, or because of some combination of the two?

To assess this issue, hierarchical logistic regression analyses were conducted to evaluate the contribution of homelessness to the odds of being found incompetent after controlling statistically for the effects of psychosis. This analysis (presented in Table 3) demonstrated that homelessness ($p > .15$) had no significant effect on findings of incompetency after taking into account the effect of psychotic symptoms ($p < .0001$). Of all

Table 3
Stepwise Logistic Regression Analysis:
Effect of Homelessness on Incompetency after Controlling for Psychosis

| Variable | β | SE | Wald | df | Sig | R | Exp(β) |
|----------------------------|---------|-------|---------|----|-------|-------|----------------|
| Step one: Enter psychosis | | | | | | | |
| Psychotic | 2.1821 | .3775 | 33.4205 | 1 | .0000 | .3617 | 8.865 |
| Constant | .7608 | .3775 | 4.0619 | 1 | .0439 | | |
| Step two: Add homelessness | | | | | | | |
| Psychotic | 2.1474 | .3784 | 32.2123 | 1 | .0000 | .4376 | 8.563 |
| Homeless | .3014 | .2104 | 2.0521 | 1 | .1520 | .0182 | 1.352 |
| Constant | .6775 | .3824 | 3.1396 | 1 | .0764 | | |

Note: β = β coefficient, SE = standard error, Wald = Wald-Wolfowitz test, df = degrees of freedom, Sig = significance level, R = correlation with incompetency, Exp(β) = hazard rate (risk ratio) associated with incompetency.

cases, 83.7 percent were correctly classified (including 98.3% of incompetency decisions) based on findings of psychosis alone, with psychosis increasing the odds of being found incompetent by a factor of 8.5. The addition of homelessness did nothing to improve on this level of classification accuracy.

Discussion

This study set out to examine the prevalence of homelessness among mentally disordered defendants referred for psychiatric evaluation of competency to stand trial over a six-month period, and to explore associations between homelessness, mental status, and findings of incompetency. Four main findings have emerged.

First, the prevalence of homelessness among defendants referred for evaluations of competency to stand trial is extremely high. Forty-two percent of the defendants in this study were homeless at the time of their alleged offenses, making this population 21 times more likely to be homeless than other persons with serious forms of mental disorder. This rate is more than 40 times that found in

the city's general population. This finding is consistent with other prevalence studies that indicate that the homeless mentally ill are significantly overrepresented in criminal justice and forensic psychiatric populations, (cf. refs. 3,5) and suggests the need for a better understanding of what is occurring in the community to account for this trend.

Second, homeless mentally disordered offenders are significantly more likely than domiciled mentally disordered offenders to be found incompetent to stand trial. The results from this study indicate that having been homeless at the time of the offense increases the odds that a defendant will be found incompetent to stand trial roughly 2.4 times. However, this relationship may be influenced by subsequent findings regarding psychosis.

The third main finding from this study is that homeless mentally ill defendants were significantly more likely to be psychotic, exhibiting particularly high rates of formal thought disorder and ideas of reference. It is clear from these data that homelessness is related to increased levels of psychotic symp-

Homeless Mentally Disordered Defendant

tomatology in this sample of offenders, a finding that is consistent with findings from other research studies. There has been evidence for the past 25 years that stress exacerbates mental illness,⁷⁻¹¹ and it has recently been demonstrated that the experience of homelessness itself exacerbates psychiatric disorders.¹²

Finally, the relationship between homelessness and findings of incompetency seems to be mediated by psychotic symptoms. The effect of homelessness on findings of incompetency is entirely accounted for by the fact that homeless defendants present with significantly higher levels of psychotic symptomatology than domiciled offenders. This suggests that homeless defendants are not being found incompetent simply because of their status as homeless persons, but because the homeless offenders are more likely to be psychotic and to exhibit a greater degree of psychopathology. However, the fact remains that homeless defendants are disproportionately represented among defendants found incompetent to stand trial, despite the fact that the increased prevalence of incompetency is accounted for by more severe psychotic illness.

This returns us to a consideration of the relationship between homelessness and mental illness among defendants referred for competency evaluations. These findings support the position that the stress of homelessness may be highly destabilizing for persons with serious forms of mental disorder. Forensic clinicians should be alert to the fact that a significant proportion of defendants being referred for evaluations of com-

petency to stand trial were homeless at the time of their instant offense, and that homelessness in this population appears to be associated with more severe forms of psychopathology and psychotic illness.

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