Forensic psychiatry and epidemiology:
Introduction

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Epidemiology is concerned with the distribution and determinants of disease frequency in human populations (Daniels, Flanders, Eley, & Boring, 1993). Basic to an understanding of Epidemiology is the tenet that disease does not affect everybody equally or at random, but that there are determinants that place some people at a higher risk of developing a disease because of genetic predisposition, environmental factors, or personality characteristics. Epidemiologist, while aware of the biological causes of disease, contend that these are not sufficient to unleash the disease, but that a social perspective is also required. Thus, the epidemiological approach is not concerned about the individual and his disease, but about the group that he belongs to, the place where the group resides, and the factors that impinge in the health of its members at a particular time. Epidemiology, therefore, relies on observations of naturally or socially occurring phenomena related to disease events, and epidemiologists go about recording their frequency or analyzing their determinants.

Although epidemiological studies in psychiatry did not advance as rapidly as they did in other areas of medicine for reasons specific to the nosological and classificatory systems inherent in the study of mental conditions, epidemiology has contributed to the understanding of social determinants of these conditions since the end of last century. In fact, three distinct phases can be described on the use of epidemiology in psychiatry. The first involved descriptive studies of inpatient populations which, at the time, were mostly consisting of mental patients in large mental hospitals. These inpatient treated prevalence studies advanced at the beginning of this century to include the relatives of the patient and even important “other informants” in the community such as clergymen or the police. By definition, these “community studies” were not diagnostic in as much as the diagnosis according to existing classifications and etiological constructs had already been made in the hospital, but researchers were interested in knowing more about the life and circum-
stances of the patients before they ended up in the hospital. The next phase saw an interest among researchers to move away from “treated prevalence” studies, that is those on known mental patients presently on treatment, to prevalence of mental illness in the community as a whole. The Mid-Manhattan and the Sterling County studies belong to that era. Lack of appropriate epidemiological instruments and lack of standardized diagnostic tools hampered these studies, but these deficiencies were corrected in the third phase of studies ushered in by the NIMH Epidemiological Catchment Area studies for which standardized structured and semistructured tools were devised. The ECA studies had a major impact on the field of epidemiology itself, but their importance came mostly from giving recognition to the extent and seriousness of mental conditions in the community and, by extension, their cost and their social burden. We are entering now into a fourth phase of psychiatric epidemiology as it moves into analytical studies of interactions and possible causes of mental conditions.

The use of epidemiological methods in forensic psychiatry and criminology is more recent, but it has been in the increase ever since a seminal paper on their merits by Monahan and Stedman (1983). The studies have become more sophisticated with better methodologies and surveys and they have extended to areas not previously researched. These studies now range from descriptive and cross-sectional prevalence reviews on specialized populations to analytical studies on possible causative factors in the relationship between mental illness and criminality, as well as system issues in the interrelationship between the mental health system and the justice and correctional systems.

The papers included in these Supplements cover a wide variety of epidemiological approaches and methods applied to the understanding of forensic problems. The studies presented in this volume give an international perspective to the problems of interest to forensic epidemiologists from Argentina and Brazil to Germany, Australia, and North America. These studies range from descriptive prevalence studies of mental disturbances among psychiatrically assessed defendants in Argentina (Folino and Urrutia) to a description of correctional psychiatric data in Australia (Jager). Between these two geographical distances, other papers cover analysis of legislative initiatives and their impact in Canada (Crisanti and Love; Stuart, Arboleda-Flórez) and the reestablishment of forensic psychiatric institutions in the Former East Germany (Konrad) and Canada (Brinks et al.). Another paper from Germany (Angemeyer and Schulze) reviews the pernicious impacts of stereotyping and stigmatization of forensic cases in the media while other papers analyze risk factors (Stueve, O’Donnel, and Link; Arboleda-Flórez and Wade) predictors (Kessler, Molnar, Feurer, and Appelbaum) and outcomes (Wade). In another paper (Hodgins), the author, while accepting the fact of scientific controversy, provides cogent arguments to set these aside and to start using the insights already gained to the benefit of patients. Finally, the Editor decided to include a theoretical paper from Brazil (Taborda) to give a legalistic tinge and a base to explain the relationship between the systems addressed in the empirical papers object of the other studies.

With the publication of these papers the Editor hopes that readers will gain an appreciation of the extent and the wide use of epidemiological studies in forensic psychiatry and the applications of epidemiological methods to forensic problems.
References
