
MENTAL HEALTH AND DEVIANCE IN INNER CITIES

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WORLD HEALTH ORGANIZATION
GENEVA

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UNITED NATIONS
INTERREGIONAL CRIME AND JUSTICE
RESEARCH INSTITUTE [UNICRI], ROME

1991

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**Division of Mental Health
World Health Organization
1211 Geneva 27
Switzerland**

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PREFACE I

D. Kemali

When Shelley wrote, more than one century ago, that "hell is a city like London", he would not have imagined what some of today's inner cities would look like, and what a threat they would represent for mental health. Indeed, literature is full of lists of pathogenic factors operating in our metropolitan areas, including overcrowding, poor housing, poverty, unemployment, anomie, segregation, isolation from relatives and peers, loneliness and submersion in a counter-culture from which there is no escape. It has been rightly pointed out that not only city inhabitants are at increased risk from mental disorders, but the community itself, in many modern cities, could in some way be referred to as ill.

On the other hand, it is certainly not difficult to find in literature careful analyses of the reasons why social deviance is so frequent in urban environments. It has been repeatedly observed that public peace in our towns is not kept so much by police, as by an intricate network of voluntary controls and standards among the inhabitants themselves. These are less likely to operate in

extremely large city areas. Furthermore, it has been rightly emphasized that urban life lacks the sense of recognition, the feeling of identity, which elsewhere is a rein on irresponsible behaviour, since each individual realizes that if he behaves badly, the others will recognize him.

Unfortunately Naples has become a sort of emblem of the above regrettable situation. In this city, to the above long-standing problems, two more have recently been added: The relentless spread of drug abuse, especially among young people, and the precarious situation of psychiatric care, now largely delegated by public institutions to private clinics.

Our hope is that the solutions proposed in the volume will serve as a guide not only to the professionals working in the field, but also to our policy makers in their planning of services and interventions in metropolitan areas.

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PREFACE II

U. Leone

The 1980's witnessed an increasing neglect of the human dimension of the process of socio-economic change and development. Whereas sustained efforts had been made in the previous decade to give prominence to such matters as the creation of employment, the distribution of income and environmental protection in the formulation and implementation of development policies, there now appears to be a disregard for social investment and investment in human capital. With the arrival of the 1990's there was thus an even stronger need to re-establish a balance between economic growth and social development.

It was within this context that the United Nations Interregional Crime and Justice Research Institute (UNICRI), whose particular mandate is specifically placed within broader policies for socio-economic change and development, responded enthusiastically to the proposal of the World Health Organization (WHO) to cooperate in this area.

Problems related to individuals suffering from mental illness are of great concern to the socio-medical sciences. Programmes for the management of the mentally ill face enormous difficulties in terms of their implementation in both developed and developing countries.

The picture becomes even more bleak in the case of mentally-ill offenders, as they are dealt with by the criminal justice system which is unprepared to cope with complex socio-medical problems. Mentally-ill offenders, therefore, represent a challenge for the criminal justice system because they raise fundamental questions regarding normality/abnormality of both the criminal behaviour and the subject, as well as the concept of criminal responsibility.

It must also be borne in mind that many differences exist among legal systems in this area, making research, and comparative analysis in particular, all the more difficult. In certain systems the general distinction between responsibility and absence of

responsibility no longer exists, and only becomes relevant at the stage of sentencing, while in others it is still of great importance from the very outset of criminal proceedings.

Differences in legal systems are also to be found in relation to the types of sanctions used, since some jurisdictions have introduced alternatives to the traditional forms of imprisonment and psychiatric hospitals, such as day-hospitals and socio-therapeutic institutions. This diversity adds another interesting aspect to the problem.

However, lack of information in the field, especially from developing countries, does not yet allow an adequate analysis of the problems posed by the mentally-ill offenders in the context of the criminal justice system. Moreover, the variability and diversity of management systems for mentally-ill offenders in different countries make the comparative approach an absolute necessity.

Taking advantage of the appearance of this volume, UNICRI has launched, in collaboration with WHO, a comparative study entitled "Pathways of management of mentally-ill offenders in the criminal justice system". It is our hope that this study, being carried out in both developing and developed countries, will permit an adequate analysis and evaluation of results to enable suggestions and proposals to be made for the formulation of policies for the management of mentally-ill persons in criminal justice systems.

I would like to express my gratitude to all of the contributors for having made the publication of this volume possible. My special thanks and appreciation go to Professors Parry-Jones and Queloz for editing this volume.

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PREFACE III

N. Sartorius

It is highly probable that more than half of the world's population will be living in towns before the end of this century. Many of the towns in the developing world will be characterized by large numbers of people living in close proximity to one another rather than by other features that are usually associated with the word city. Communal services, from telephones and sewage systems to health services and schools, will be practically non-existent in these settings; dwellings will, by and large, not be permanent; and most of the inhabitants will have rural habits and no experience of living in towns.

The health situation in rural areas made public health authorities propose strategies of prevention and provision of treatment for many diseases. These strategies have been tested and shown to work whenever there is commitment by authorities to implement them. Techniques and guidelines for health care in rural areas are written and widely available.

The situation is different when it comes to providing health care in urban areas. It is likely that the overall principles of health care in towns will be the same as those used in care for people living in rural areas; even that might be questioned, because of differences in morbidity patterns, in the nature of social networks, in the distribution of wealth and other reasons. When it comes to implementation of care based on these principles however, it is certain that differences exist and that there is a lack of training materials and of technology for health care. The lack of technology is particularly clear in mental health programmes which have to cope with many more problems in towns than in villages

and which, in implementation, depend on socio-economic factors even more than other programmes.

This volume makes a significant contribution to the fund of knowledge which can be used to produce such technologies for training and action and the chapters cover a number of themes often arising in urban mental health work. There are however important areas which have not yet received sufficient attention and may be subjects for further WHO work. One such area concerns reasons which make city life so attractive for the populations in villages, even when cities appear to have every possible problem from noise and pollution to congestion, anomie, drug abuse, crime and high rates of chronic mental illness.

Another area awaiting more detailed exploration is that of monitoring the health states in cities: if we had valid urban health indicators it would become easier to introduce effective plans for improving the physical, biological and psychological health of the people living in them.

The perspective of further work to optimize urban existence abounds in challenges, ranging from the urgency to intervene in the absence of facts to a continuing and grave lack of resources for action. This volume makes an important contribution to our capacity to respond to these challenges and act more wisely.

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ACKNOWLEDGEMENTS

The World Health Organization wishes to thank Professor William Parry-Jones and Mr Nicolas Queloz for their work in editing this volume and to Professor Dargut Kemali (University of Naples) and Mr Ugo Leone (United Nations Interregional Crime and Justice Research Institute) for their support for the work.

Generous financial contributions towards the cost of producing this document were made by WHO, the United Nations Interregional Crime and Justice Research Unit and the University of Naples.

A debt of gratitude is owed to Mrs Irene O'Neill, Glasgow, who has undertaken the typing of successive drafts and the preparation of the final manuscript and to the WHO Graphics Unit for the design of this document.