Pathways to Prison

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ARC Linkage project
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Presentation Outline

• Background & description: MHDCD
• Method
• Problems in data linking & merging
• Preliminary Findings
• Conclusions
Background

• People with MHDCD over-represented in CJS
• Post-release high rates of homelessness, unemployment, low levels of family support and more likely to return to prison quickly.
• Interventions hampered by lack of overall and longitudinal system impacts
• Study designed to integrate criminal justice and human service data.
The Study

- **Title:**
  People with Mental Health Disorders and Cognitive Disabilities in the Criminal Justice System in NSW

- **Objectives:**
  - Create criminal justice life course histories, highlighting points of agency interactions, diversion and support
  - Identify gaps in policy, protocols and service delivery and areas of improvement for Criminal Justice and Human Service agencies
  - Describe individual and group experiences
The Study - a new approach

- **Method:**
  - Nature of sample – purposive not representative
  - From Prisoner Health Survey & DCS SDS ID database
  - Detailed data set on the life-long HS & CJ involvement for cohort of offenders using merged but de-identified extant administrative records from CJ & HS agencies - Police, Corrections, JH, Courts, JJ, Legal Aid, MH, DoCS, Disability, Housing, other Health services.
  - Pathway and multilevel analysis
Data on a cohort of individuals drawn from:

• The Centre for Health Research in CJS Health NSW
• NSW Department of Corrective Services
• BOCSAR
• NSW Police
• Juvenile Justice
• Housing NSW
• NSW Health (mortality, pharm., emergency adm)
• Community Services
• ADHC
• Legal Aid NSW
New approach

• Create “life-course human service & criminal justice histories” highlighting points of agency interaction, diversion or support

• Map legislation & policy & identify gaps in protocols and service delivery; note improvements for CJS & HS agencies.

• Investigate worker beliefs about & attitudes towards people with MHD&CD
Compiling the dataset

• Established using NSW Justice Health 2001 Inmate Health Survey and the NSW Dept of Corrective Services Disability Unit database.
• Corrective Services – demographic & prison
• NSW Police, DCS ‘system’ to account for aliases
• BOCSAR - Repeat Offenders database
• data absences
Managing the data

- A relational database was established using MS SQL server 2000,
- Secure IT Services facility at the UNSW backed up.
- Allows merging of data related to any individual from any sub-set with any other sub-set
- Allows creation of life course ‘pathways’ – from segmented data to continuum.
Challenges

• Combining criminological and social

• Matching Processes due to large number of aliases (began with ~30,000; reduced to ~10,000)

• No final verification of identity in the CJS
Challenges

• Use of Statistical Linkage Key - not helpful

• Agency capacity - highly variable

• Record duplication - very high
Complexities

- Agency Data Systems
- Defining data that is available and suitable
- Evolving nature of data systems
- Variation in nature of agency data systems
- Time limitations of agency databases
- Administrative level analysis only
Study Findings to date
Cohort - Summary

- Full Cohort N=2,731
- Intellectual disability N=680
- Borderline cognitive disability N=783
- Mental health N=965
- No MHCD diagnosis N=339
- Substance abuse disorder = 1276
- Women = 11%
- Indigenous Australians = 25%
The Mental State Of Women And Men In NSW Prisons
(adapted by McComish from Butler & Alnutt 2003)
MHDCD Study: Cohort - detail

- Intellectual Disability - IQ in the ID range less than 70
- Borderline Intellectual Disability - IQ in the ID range between 70 & 80
- Mental Health - any anxiety disorder, affective disorder or psychosis in the previous 12 months
- Dual diagnosis (a) - history of mental health problems and an intellectual disability
- Dual diagnosis (b) - history of mental health problems and a borderline intellectual disability
MHDCD Study: Cohort - detail

- **Co-occurring disorder (a)** - mental health disorder and a history of substance use
- **Co-occurring disorder (b)** - an intellectual disability and a history of substance use
- **Co-occurring disorder (c)** - borderline intellectual disability and a history of substance use
- **AOD/PD** - any personality disorder or substance use disorder in the previous 12 months and an absence of other category
- **No diagnosis** - no Mental Health or Cognitive disability diagnosis
N.B These groups are not mutually exclusive. People were assigned to a group on predominant presenting diagnosis from left to right. For instance the MH_ID group may also have a substance abuse disorder.
MHDCD Study: ADHC

- Of those diagnosed ID only 23% ADHC clients
- Of those borderline functioning 4% ADHC clients.
- So very high rate of persons in prison with ID & borderline not receiving services from ADHC
- Also highlighted is high rate of those diagnosed whilst in prison
- 79% of ADHC clients imprisoned prior to becoming a client
MHDCD Study: Housing Assistance

- This shows all those who have ever sought housing assistance.
- Those diagnosed had a high need for assistance (~70-80%) vs non-diagnosed.
- Of those seeking assistance very high % received it (~80-90%)
Priority Housing

This slide shows the high % of those who were assessed as meeting priority housing criteria who received priority housing.
MHDCD Study: Education

- Unknown
- Never Attended School
- Primary school only
- Didnt Complete School - No Further Info
- Left school with no qualification
- School certificate
- Technical or Trade qualification
- HSC/VCE/Leaving Certificate
- College certificate/Diploma
- Degree/tertiary qualification

Study Group

Social Policy Research Network
Although prison population in general has low levels of education, diagnosed groups have even lower levels – see non-diagnosed group.

Those with some form of CD have the worst levels of education.

MH-only group may have better levels due to later onset of MH.
BID/ID/MH/AOD complex - lower age 1st contact

Averages are biased by a few older age first contacts. ~50% had first contact before 18

Low 1st contact as victim likely to be lack of reporting rather than lack of being a victim of child abuse
MHDCD Study: Police Contact Events

- Again the BID/ID/AOD/MH mix has the highest number of contacts with police.
- The comorbidity/dual diagnosis groups have consistently higher number of episodes per year – 5-7 compared with no-diagnosis 3 and single diagnosis 3-4.
Legal Aid

• All but ~10 in the cohort are or have been clients of LA
• Highlights the incongruence of caseloads and low funding when LA working with those with most complex needs
MHDCD Study: DJJ

- Significantly higher JJ contact for ID/BID/AOD
- Again MH may not be so strong because of later onset

[Bar chart showing the percentage of DJJ Clients, DJJ Custody, and Sentenced to Detention for different categories: MH, ID, BID, AOD, ID/AOD, BID/AOD, MH/BID, MH_ID, MH_BID, MH_AOD, ID_BID, ID_AOD, BID_ID, BID_AOD, ID_BID_AOD, No MH_ID, No MH_BID, No MH_AOD.]
MHDCD Study: Court Finalised Matters

**Study Group**

- MH_ID
- MH_BID
- MH_AOD
- ID_AOD
- ID_BID
- ID
- BID
- MH
- PD/AOD
- No MH/ID

**Average Finalised Matters Per Person**

- MH_ID: 32
- MH_BID: 34
- MH_AOD: 34
- ID_AOD: 34
- ID_BID: 35
- ID: 22
- BID: 31
- MH: 21
- PD/AOD: 34
- No MH/ID: 20

**Average Finalised Matters Per Year**

- MH_ID: 0.5
- MH_BID: 1.5
- MH_AOD: 1.5
- ID_AOD: 1.5
- ID_BID: 2
- ID: 2.5
- BID: 3
- MH: 3.5
- PD/AOD: 4
- No MH/ID: 4.5
Sentences

- This shows % of convictions (not individuals) out of the total convictions in a group, that received a custodial or a community order.
Types of Offences

- Theft and road traffic/motor vehicle regulatory offences were the most common offences at around 20% of all groups.
- Justice Offences were the next common at around 10% across all groups.
- ‘Acts intended to cause injury’ was also a common offence across the cohort (approx. 10%), except for co-occurring disorders – intellectual disability/mental health disorder and history of substance abuse groups who were more likely to commit public order offences (approx. 10%).
Time in custody

- These 2 slides provide a picture of those with complex needs (particularly ID/BID/AOD/MH in various combinations) having higher rates of episodes in custody but significantly shorter duration each time in custody.
Total Custodial Experience Days

<table>
<thead>
<tr>
<th>Study Group</th>
<th>Avg Days in Custody (Life Total)</th>
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<tbody>
<tr>
<td>MH</td>
<td>927</td>
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<tr>
<td>MH_BID</td>
<td>1080</td>
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<tr>
<td>MH_AOD</td>
<td>993</td>
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<tr>
<td>ID_AOD</td>
<td>1085</td>
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<td>BID_AOD</td>
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<tr>
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<tr>
<td>BID</td>
<td>1147</td>
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<tr>
<td>MH</td>
<td>1244</td>
</tr>
<tr>
<td>PD/AOD</td>
<td>1096</td>
</tr>
<tr>
<td>No MH/ID</td>
<td>1173</td>
</tr>
</tbody>
</table>
Progression Through The CJS

- Charged 64 Times
- Involved in 79 Police Events As A Person Of Interest
- Appeared at Court for 30 Offences
- Convicted for 26 Offences
- Imprisoned 10 Times
- 1050 Days In Custody
Pathway for complex needs

- Out of home care
- Borderline ID so no ADHC service
- Numerous school exclusions / truants - expelled
- Early police contact (at 13 yr) – over 50 episodes so far: misuse of phone, summary & property offences
- Early use of alcohol
- Homeless – Housing assistance but failed tenancies
- JJ orders
- Persistent offender – 12 short periods of incarceration (inc remand)
MHDCD Study: Conclusions

- Those with complex needs (dual/comorbid diagnoses and multiple combinations) have significantly higher offences, convictions, imprisonments than single and non-diagnosis
- Those with cognitive impairment in combination with any other disability had the highest rates of cjs involvement
MHDCD Study: Conclusions

- Poor school education and low disability service recognition and support (MH & CD); strong housing response but unclear re maintaining tenancy
- Those becoming clients of ADHC after going to prison then fared much better
- Persons in these groups are cycling around in a liminal marginalised community/criminal justice space
New theoretical perspective

• Development of hybrid critical disability/critical criminology theory to help explain, understand and suggest helpful interventions