UNSW THE UNIVERSITY OF NEW SOUTH WALES | Arts and Social Sciences

MHDCD in the CJS

Current Developments

Presenter: Associate Professor Eileen Baldry

Research Team: Eileen Baldry, Melissa Clarence, Leanne Dowse and Phillip Snoyman

ARC Linkage Project

Presentation Outline

- Background to MHDCD in CJS
- Project Cohort
- 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
- Need for pathway understanding
- Study designed to integrate criminal justice and human service data.

The Study

- 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
- Investigate worker beliefs about & attitudes towards people with MHD&CD

The Study - a new approach

- **Method:**
  - Cohort:Prisoner Health Survey & DCS Disability database
  - Data drawn from:
    - The Centre for Health Research in CJS Health NSW
    - NSW Department of Corrective Services
    - BOCSAR
    - NSW Police
    - Juvenile Justice
    - Housing NSW
    - ADHC
    - Legal Aid NSW
    - NSW Health (mortality, pharma., admissions) (on way)
    - Community Services (on way)

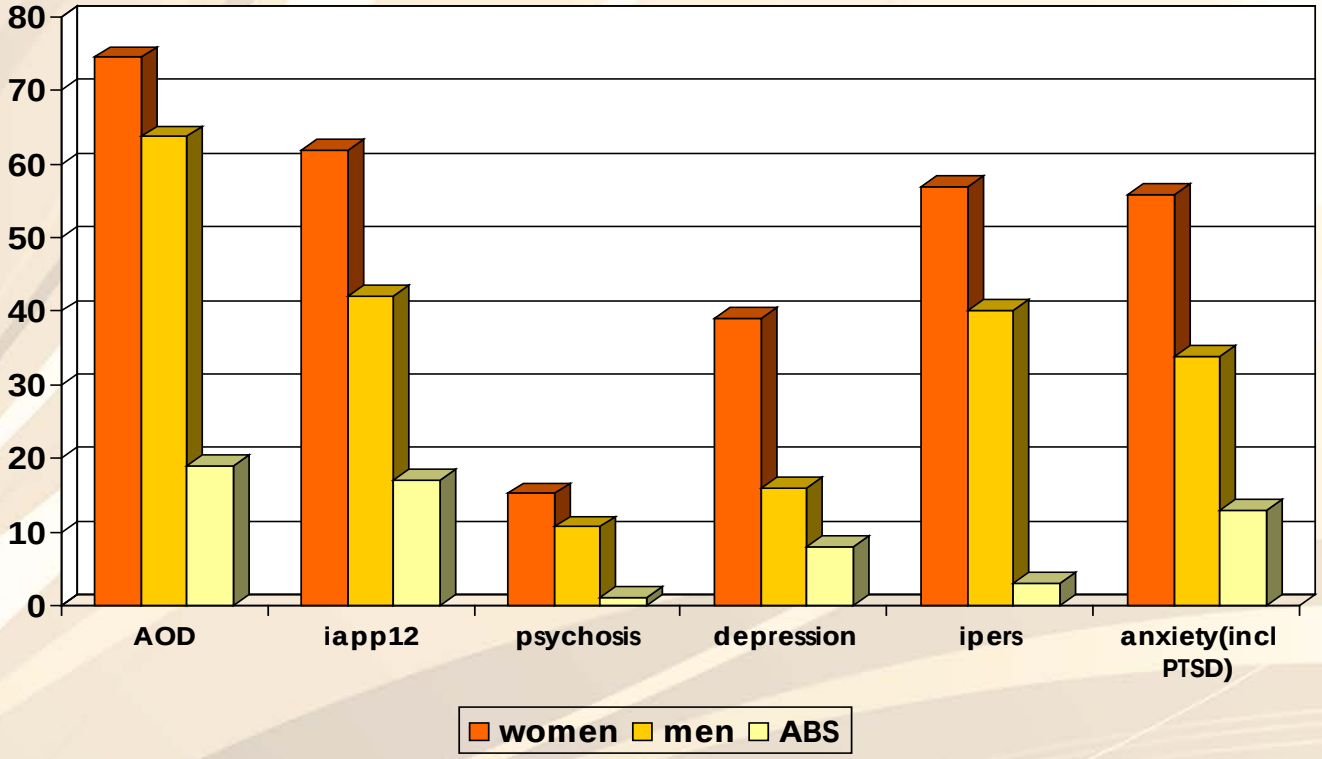
Creating the Dataset

- Problem of aliases & different data gathering & entry forms
- All datasets from all agencies matched then uploaded onto SQL server
- Allows relational merging of information

The problem

The Mental State Of Women And Men In NSW Prisons

(adapted by McComish from Butler & Alnutt 2003)



NB 2009 NSW Inmate Health Survey shows significant increase over1998, 2001 & 2009 surveys

MHD 2009 Survey

- Inmates ever been assessed or treated by doctor or psychiatrist for a MH problem increased from 39% in 1996 to 43% in 2001 to 49% in 2009. Due to men's increasing MH problems: 35% in 1996 to 41% in 2001 to 47%; proportion of women remained steady at around 54%.

- Increasing proportion of participants reported ever having been admitted to a psychiatric unit from 13% in 1996 to 14% in 2001 to 16% in 2009. A higher proportion of women (20%) than men (15%) in 2009.
- Source: 2009 NSW Inmate Health Survey: Key Findings Report p:17

Cognitive disability in CJS

- DJJ NSW: sig over-representation of young people with ID; 74% below av. range of intellectual functioning V 25% standardised sample
- Small ID over-rep in Vic & NSW prisons, but larger BID over-rep in NSW prisons
- But UK appears much higher ~1/5 in ID range; av IQ 84 (Hayes et al 2007)

Study Findings to date:

The cohort

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%

Cohort cont.

- Mental Health complex – 863
- Cognitive Disability Complex – 982
- Mental Health Only – 102
- Cognitive Disability only – 481
- Personality Disorder/AOD only – 392
- No diagnosis - 339

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

Cognitive Disability

- **1463 people in the CD cohort (All CD)**
- **680 (46%) in the ID range includes ABI (>70 IQ)**
  - **465 (68%) have multiple diagnoses (Complex)**
  - **215 (32%) have no co-morbidity**
- **783 (54%) in the BID range**
  - **517 (66%) have multiple diagnoses (Complex)**
  - **266 (34%) have no co-morbidity**
- **So ~ 2/3rd of CD group have complex diagnoses**

UNSW THE UNIVERSITY OF NEW SOUTH WALES | Arts and Social Sciences

Pathways into, through, around, out of and back into CJS

MHDCD Study: Education

- Although prison population in general has low levels of education, diagnosed groups have even lower levels
- Those with some form of CD have the worst levels of education with by far the majority not finishing year 9 school.
- **Clear points of early intervention to prevent contact with the CJS**

MHDCD Study: ADHC

- Of those 680 persons with <70 IQ only 23% were/are ADHC clients
- Of those 156 ADHC clients, 123 (79%) were first diagnosed in prison. So only 33 / 680 had Disability Services prior to their imprisonment.
- Those who became ADHC clients after diagnosis in prison, reduced offending and contact with the CJS significantly
- **Appropriate disability supported housing and services are very beneficial for offenders with ID.**

MHDCD Study: Housing Assistance

- High application rate (~70-80%) vs non-diagnosed (50%) for housing assistance.
- High rate of housing assistance provision (~80-85%)
- But high tenancy failure/termination – frequent imprisonments, behind in rent, unacceptable behaviour
- **Social Housing vital for offenders with MHDCD but requires support**

Patterns of early police and custody episodes

- Those with any diagnosis have significantly earlier age of first police contact, first custody and first conviction than those without a diagnosis.
- Diagnosed group into custody significantly sooner after first police contact than non diagnosed.
- Those with CD significantly earlier contact with police and into custody significantly sooner after first police contact, than those without a CD.
- **Appropriate disability service intervention / support at first police contact could be very beneficial**

MHDCD contact with DJJ

- Significantly higher rate of being Juvenile Justice clients for those with CD complex diagnoses - between 47% & 58% compared with those without a diagnosis, or with MH at ~ 20%.
- **Those with CD complex identifiable at time of JJ contact – early appropriate disability service intervention and support needed**

Legal Aid Service

- Between 96 & 99% of diagnosed groups ever applied to LA; No diagnosis group significantly lower rate (92%)
- ID only & No diagnosis received sig. lower LA ph. advice than other groups
- No diagnosis group significantly lower rate of ever legal aid case than complex groups
- CJ by far the majority of cases but a reasonable number of civil and family court matters as well
- **LA providing high level of service but CD complex people not staying out of prison**

Section 32

- Very low Sec 32 dismissals. For whole cohort's history as adult offenders only 618 Sec 32 dismissals altogether.
  - MH/ID (17%) & MH/BID (14%); only 9% of ID
- **Sec 32 underused as means to manage offenders with MHD, CD & complex diagnoses in the community**

Finalised Court matters

- Those with CD complex diagnoses have the highest rates of finalised matters overall and higher rates each year.
- **These groups suffer particularly from the 'penal ladder' approach taken in NSW – prison clearly does not deter or rehabilitate these offenders – becomes a way of life very early**

Types of Offences

- Theft and road traffic/motor vehicle regulatory offences most common offences (~20% of all groups)
- Justice Offences next common at ~10% across all groups
- ‘Acts intended to cause injury’ common (approx. 10%)
- But CD complex groups more likely to commit public order offences (approx. 10%).
- **Very high rate of lower level offences – many avoidable if community support / supported housing**

Time in custody

- Those with complex diagnoses have sig. more remand episodes but significantly shorter lengths of stay in remand

And

- Sig. higher rates of sentenced episodes in custody but significantly shorter sentence duration

than single or no diagnosis groups

MHDCD Study: Conclusions

- Those with complex diagnoses have significantly higher offences, contacts with police & JJ, convictions, imprisonments than single and non-diagnosis, both early and ongoing into 40s & 50s
- Persons in these groups seem locked into **cycling around in a liminal, marginalised community/criminal justice space**

Ways forward

- ADHC's Community Justice Program for persistent offenders with ID has good initial outcomes indicating appropriate disability supported accommodation is beneficial
- Clear & Urgent need for range of early school interventions; juvenile and adult disability supported housing & services for those with complex diagnoses. Must have workers trained to work with complex needs persons.

Ways forward

The findings provide strong support for:

- The Public Purpose grant to Legal Aid & IDRS to enhance legal representation for Sec 32 for those with ID. Meets conclusions drawn in this study: eg need for resources, education & links to support workers for lawyers; SWers at LA to assist accessing services.