Pathways from school to prison: Intellectual disability, mental health & school education

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Presentation Outline

• Background
• Pathways & case studies
• Discussion: patterns and interventions
• Conclusions
The ARC Linkage studies

- *People with Mental Health Disorders and Cognitive Disability in the Criminal Justice System*
- *Indigenous Australians with mental health disorders and cognitive disability in the CJS*
- [http://www.mhdcdu.unsw.edu.au](http://www.mhdcdu.unsw.edu.au)
The Study approach

- **Method: Innovative data linkage and merging**
  - Cohort: 2001 Inmate Health Survey & DCS Statewide Disability database
  - Add Data drawn from:
    - The Centre for Health Research in CJS Health NSW (+data from 2009 survey)
    - NSW Department of Corrective Services
    - BOCSAR
    - NSW Police
    - Juvenile Justice
    - Housing NSW
    - ADHC
    - Legal Aid NSW
    - NSW Health (mortality, pharma., admissions)
    - Community Services – out of home care
    - Negotiating Centrelink, SAAP, Public Guardian & Financial Manager
SQL server, relational dataset

Cohort ID 2,731

- DCS
- Police
- Court
- Health
- Housing
- Justice Health
- Disability
- Child Services
- Legal Aid
- Juvenile Justice
Cohort - Summary

- Full Cohort N=2,731
- Women = 11%
- Indigenous Australians = 25%
- ~40% had been Juvenile Justice clients
- ~70% have ‘complex needs’
- The rest fairly evenly divided amongst various single diagnosis and no diagnosis
M&C Impairment in JJ

- Juvenile detainees: 87% at least 1 psychological disorder.

- JJNSW most recent health survey:
  - ID (20%) Aboriginal young people IQ below 70, 7% ID non-Aboriginal young people (both sig above the norm).
  - 1/3rd (32%) borderline ID (IQ 70 to 79), with Aboriginal 39% vs non Aboriginal 26% (again sig above norm)

(Indig et al 2010 Young People in Custody Health Survey)
Pathways into, through, around, out of and back into CJS
• Between early childhood and mid teens school education a key service for identification and connection with early intervention & prevention holistic integrated disability service. Evidence from the study indicates this does not happen for poor and disadvantaged children with complex needs.
MHDCD Study: Education

- Diagnosed groups even lower levels than general prisoner pop.
  
- Those with complex needs have higher rates of expulsion and exclusion
  
- Those with some form of CD have the worst levels of education.
  
- Complex groups: over 80% have no formal qualification with majority disengaging by 13/14 & leaving school without completing Yr10
Out of home care

• 12% of the cohort had been in OHC
• 60% of the OHC group have complex needs
• 80% of this group has cognitive impairment

• Earlier police contact
• Twice as many police contacts
• Twice as many custodial episodes
• Three times as likely to have been incarcerated as juvenile
Out of Home Care (OOHC): example

Eddie has an ID, Borderline Personality Disorder and an AOD history from age 6. He was first placed in OOHC at age 9 for 2 weeks, and over the following 6 years was placed in 9 different foster homes which often only lasted between 5 days to 2 weeks. He was constantly suspended and sometimes expelled from school. Eddie had first police contact at age 11 and his first custodial episode at age 13. He was regularly imprisoned for breaching bail conditions which stated that he could only go out accompanied by a responsible adult.
Disability service

- Very low rate (15%) of CD in cohort with ADHC services

- Only 10/709 JJ CD group were ADHC clients

- 79% of ADHC clients imprisoned prior to becoming a client
Housing Assistance

- Significant numbers of the complex groups experienced homelessness and unstable housing as young people
- Significant numbers had parent(s) in public housing
- Significant numbers accommodated in refuges and other crisis accommodation as young people.
- There did appear to be helpful interaction between crisis housing and school education
Average Age First Police contact

CD complex – significantly lower av. age 1st contact with police

Those who were JJ clients sig. lower av. age of police contact for CD complex (12-13)
Police contact: example

Matthew is diagnosed with a BID and MH disorder. His first police contact was at age 7, and he had contact with the police on 20 occasions by the age of 10. He attends school intermittently but there does not appear to be disability or mental health support there. By the age of 18 he had 349 police contacts for escalating crimes.
Police & JJ Custody: example

Casey, Aboriginal girl, has an ID and multiple MH diagnoses, went into DJJ custody for the first time within a few months of her first police contact at age 12, but she was already known to police as a child at risk. During this year Casey was also in police custody 35 times and was detained at least weekly by police. Her school education attachment was very tenuous. She effectively left by age 13. Within a 6 month period Casey was in a Juvenile Detention Centre 9 times for between 1-39 days with a total of 128 days.
Contact with Juvenile Justice

Sig. higher rate of being a JJ client for cognitive complex groups - between 40% to 60%;

But ~ 20% for those with no diagnosis or MH only
First police contact & JJ

Av. age first Police & JJ contact & number police contacts prior to custody:
• All CD significantly higher police contacts before being JJ client
• & were younger at first police contact and younger at first custody than no diagnosis group.
JJ Custodial episodes & LOS

CD complex significantly more JJ custodial episodes than MH & no diagnosis. All groups significantly shorter av days than no diagnosis groups (largely remand)
Juvenile Justice (JJ): example

Natalie has ID, a number of MHD diagnoses and a long history of AOD. She has self harmed numerous times. She has never received proper disability services although was known to need special assistance in school. She was first in JJ custody at the age of 15. The following year she had 7 episodes in JJ custody over four months. Natalie also had 3 JJ custody alerts during this time for threatening self-harm and escape. Natalie is recorded as being an ADHC client although there is little evidence of services, however when aged 17 ADHC stated she was no longer under their care.
Aboriginal persons in the cohort

- 86% Indigenous cohort is male, 14% female.
- 91% Indigenous cohort identified with MHDCD; most have complex needs.
- Significantly earlier police contact, JJ episodes and higher number and rate of convictions than non Indigenous persons.
Pathway Indicators

Individuals with CI complex needs who end up in adult prison:

- significantly higher rates of and earlier contact with police
- more likely to be Indigenous Australian
- significantly worse education experience & attainment
- significantly more likely to have been in OHC
- significantly more likely to have experienced abuse and be a victim
- lower level of disability services than community counterparts although very likely to have been identified by school & police as a child with problems
- more likely to have been in public housing as a child and have higher housing support but also higher failed tenancies as an adult
- significantly higher rates of JJ contact
- significantly higher number of offences, convictions, imprisonments (particularly remand) from an earlier age
- significantly shorter and more frequent prison episodes
- significantly higher continuing lifelong CJS episodes than single diagnosis (although these are also generally worse than non diagnosis) and non-diagnosis groups
Pathways: iterative, looping, cycling, compounding

Poverty/disadvantage → Courts → Prison
Lack Disability services → Post-release
Poor School Education → Police
Mental Health → Breaching

Housing/homelessness → Legal Aid → Reincarceration
Pathways into the CJS for complex needs
Multi-factorial and multi-stage

- Socio-economic poverty / disadvantage / lack of positive schooling / discrimination / geography
- Individual
- Lack of family capacity & intergenerational aspects
- Lack of appropriate identification, assessment and support
- Negative synergistic interactions between agencies and services creating complex needs
- Consider along with institutional pathways costings
Figure 1 captures the breadth, depth and interlocking nature of disadvantageous factors that coalesce to create ‘complex needs’. The dimensional complexity of the interactions created by the compounding of the factors is illustrated by mapping the case studies of ‘Matthew’ and ‘Michael’. (Figure by Han Xu)
New Conceptualisation of Disability in CJS

- Highly disadvantaged places early in life, very poor school experiences & funneled into a liminal marginalised community/criminal justice space

- Not falling through the cracks, rather, as young people on the conveyor belt / given a ticket on the CJS train. Systematic and patterned.
Key points for identification, support and prevention, based on findings from the MHDCD research and related literature:

- **Dynamic multi-point socio-developmental-services approach** that identifies before deep engagement with CJS as well as during CJS = preventive not just diversionary.

- Requires linked data and holistic integrated disability services.

- A key for the individual seems to be secure, safe, stable human relations, school education & housing with one or more people (parent, relative, teacher, worker/case worker) who understand how to support and work with people (children, youth) with CI.