People with Mental Health Disorders and Cognitive Disability (MHDCD) in Human and Criminal Justice Systems (CJS) - care or control?

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Presentation Outline

• Brief Background: MHDCD project
• Brief Description of cohort
• Selected Findings
• Conclusions
Background

- MHDCD over-represented in CJS
- Post-release: homelessness, unemployment, low levels of family support and return to prison
- Social Justice and HR concern
The study

- ARC Linkage study 2007-2010
- CIs: Eileen Baldry, Leanne Dowse, Ian Webster
- PIs: Tony Butler, Simon Eyland, Jim Simpson
- Partner Organisations: Corrective Services NSW, Justice Health, NSW Police, Housing NSW, NSW Council for Intellectual Disability, Juvenile Justice NSW
- New ARC Linkage: Indigenous Australians with MHDCD in the CJS
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 SAAP, Public Guardian & Financial Manager
SQL server, relational dataset

Cohort ID 2,731
Cohort - Summary

- Full Cohort N=2,731
- Women = 11%
- Indigenous Australians = 25%
- ~40% had been Juvenile Justice clients
Cognitive Disability

• ID = >70 IQ
• BID = <70- >80 IQ
• ABI = persons with brain injury that significantly affects their cognitive and social capabilities
Cognitive Disability

- 1464 people in the CD cohort (All CD)
- Approx 2/3\textsuperscript{rd} in the CD group experience compounding disability and disadvantage
Pathways into, through, around, out of and back into CJS
MHDCD Study: Education

- Diagnosed groups even lower levels than general prisoner pop.

- Those with some form of CD have extremely low levels of education / very low level of completing any form of schooling.
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
MHDCD Study: Disability service

- Of those in the ID range (680) 26% ADHC clients
- Of those BID range (783) 5% ADHC clients.
- Very low rate (15%) of CD in cohort with ADHC service
- Only 10/709 JJ CD group were ADHC clients
- 79% of ADHC clients imprisoned prior to becoming a client
Homelessness

Compounding disability - highest rates of homelessness

NB: NFPA = No fixed place of abode
Average Age First Police contact

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

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

People with Complex Cognitive Disability had significantly more police contacts over their lives and significantly higher rates of police contacts per year.
Contact with Juvenile Justice

Sig. higher rate of being a JJ client for compounding CD groups - between 40% to 60%;
But ~ 20% for those with no diagnosis or MH only
All custody episodes

Those with compounding disability sig. higher av. lifetime rates of custody episodes and higher rates of custody episodes per year than single & no-diagnosis groups
All custody

Those with compounding disabilities have shorter duration each time in custody than BID, MH or no diagnosis but similar av. number of days per year in custody (ie more short stays).
Health service contact

Significantly more hospital admissions for both mental and other health problems for all disability groups with multiple diagnoses than MH only and no diagnosis groups.
Gender

- Women experiencing compounding disabilities: sig. higher number and rate of custodial episodes than male counterparts
- Women - more custodial episodes but shorter in duration - greater rate of cycling for women with complex needs
Indigenous Australians

• Significantly higher rates of:
  • MHD & CD
  • multiple and compounding diagnoses and disadvantages
  • Police, juvenile justice and prison episodes

• than non-Indigenous
Pathways

Complex CD have significantly:

- higher rate and earlier contact with police
- worse education experience & levels
- lower level disability services than community counterparts
- higher housing support but also higher failed tenancies
- low rates of Sec 32
- higher rate of JJ contact
- higher offences, convictions, imprisonments (particularly remand) from an earlier age than single (although these are also generally worse than non-diagnosis) and non-diagnosis groups
- shorter and more frequent prison episodes
- higher continuing lifelong CJS episodes
New Conceptualisation of Disability in CJS

- Not falling through the cracks, rather on the conveyor belt / given a ticket on the CJS train
- highly disadvantaged places early in life & funneled into a liminal marginalised community/criminal justice space
Case Studies
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. By the age of 18 he had 349 police contacts for escalating crimes.
Police Custody: example

Casey, who 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. During this year Casey was also in police custody 35 times and was detained at least weekly by police. 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.
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. 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.
Juvenile Justice (JJ): example

Natalie 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, however when aged 17 ADHC stated she was no longer under their care.
Women and Girls: example

Casey is an Indigenous woman who has an ID and multiple MH diagnoses. From age 12, Casey had a very high number of police contacts including 87 events over a 10 month period, and she frequently cycled between the community, the CJS and psychiatric hospitals. It appears that Casey received minimal support for her complex needs and police were often used as a service of ‘last resort’.
Approaches that are beneficial

• Early recognition and childhood support for parents and carers of children with CD who are disadvantaged and/or live in disadvantaged areas
• Disability support services in school education
• Holistic and culturally appropriate services and supports for persons with CD and multiple diagnoses. CJP an example.