

Mental Health Needs and Rates of Recidivism Among People Admitted to BC Jails

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Background

Recidivism rates are high within Canadian provincial correctional centres, with around 50% of individuals detained in custody to be reconvicted within 2 years post-release (British Columbia Justice and Public Safety Council, 2015). Similar rates have been reported by studies on both reoffending and reincarceration (Janssen et al., 2017; Palis et al., 2022).

Past research has found any psychiatric diagnosis to be associated with a higher risk of reoffending in both male and female inmates (Chang et al., 2015; Yuhknenko et al., 2023).

Past research has found that although comorbid with substance use was at greatest risk of violent reoffending, those only diagnosed with severe mental illness still had significantly greater risk of violent reoffending than those without (Chang et al., 2015).

Grouping together psychiatric disorders may mask the degrees of association between various mental illnesses and rates of recidivism as well as violent recidivism (Eronen et al., 1997).

Our aim is to separate and identify the associations between specific mental health needs and rates of recidivism among individuals admitted to BC Jails.

Objectives

1. Mental Health Needs and Rates of Recidivism
2. Mental Health Needs and Rates of Violent Recidivism
3. Moderating Role of Social Determinants of Health in both associations (non-violent and violent recidivism)

Methods

Jail Screening Assessment Tool (JSAT; Nicholls et al., 2005)

- Data was collected from 2009-2017 across 9 BC Correctional Facilities.
- JSAT was administered to all individuals upon intake; records mental health concerns, risk of self-harm, suicide, victimization, violence, etc.
- 'Mental Issues' section used to create five mental health need categories

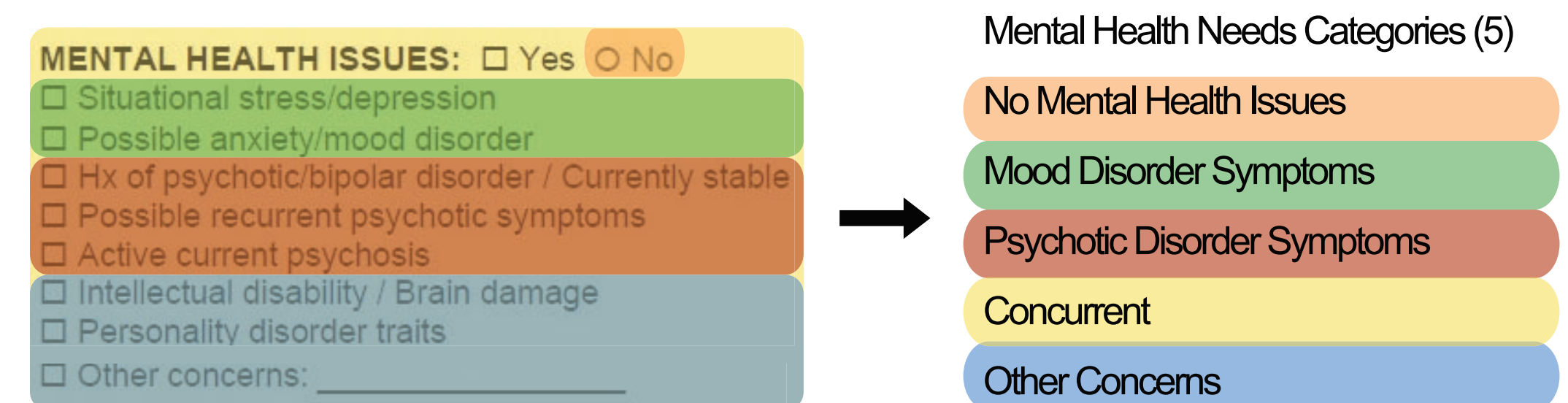
Corrections Network System (CORNET)

- BC Corrections Electronic Data Platform - database storing all client and offence information
- Records for convicted individuals only → N = 38,408

Recidivism = multiple conviction records in CORNET

Violent Recidivism = multiple conviction records in CORNET with 1+ of convictions being violent

Chi-squared analyses were run to determine the associations between mental health needs and recidivism and violent recidivism. Logistic regressions were performed while controlling for sociodemographic characteristics to determine the potential mediating role of Social Determinants of Health in our model.

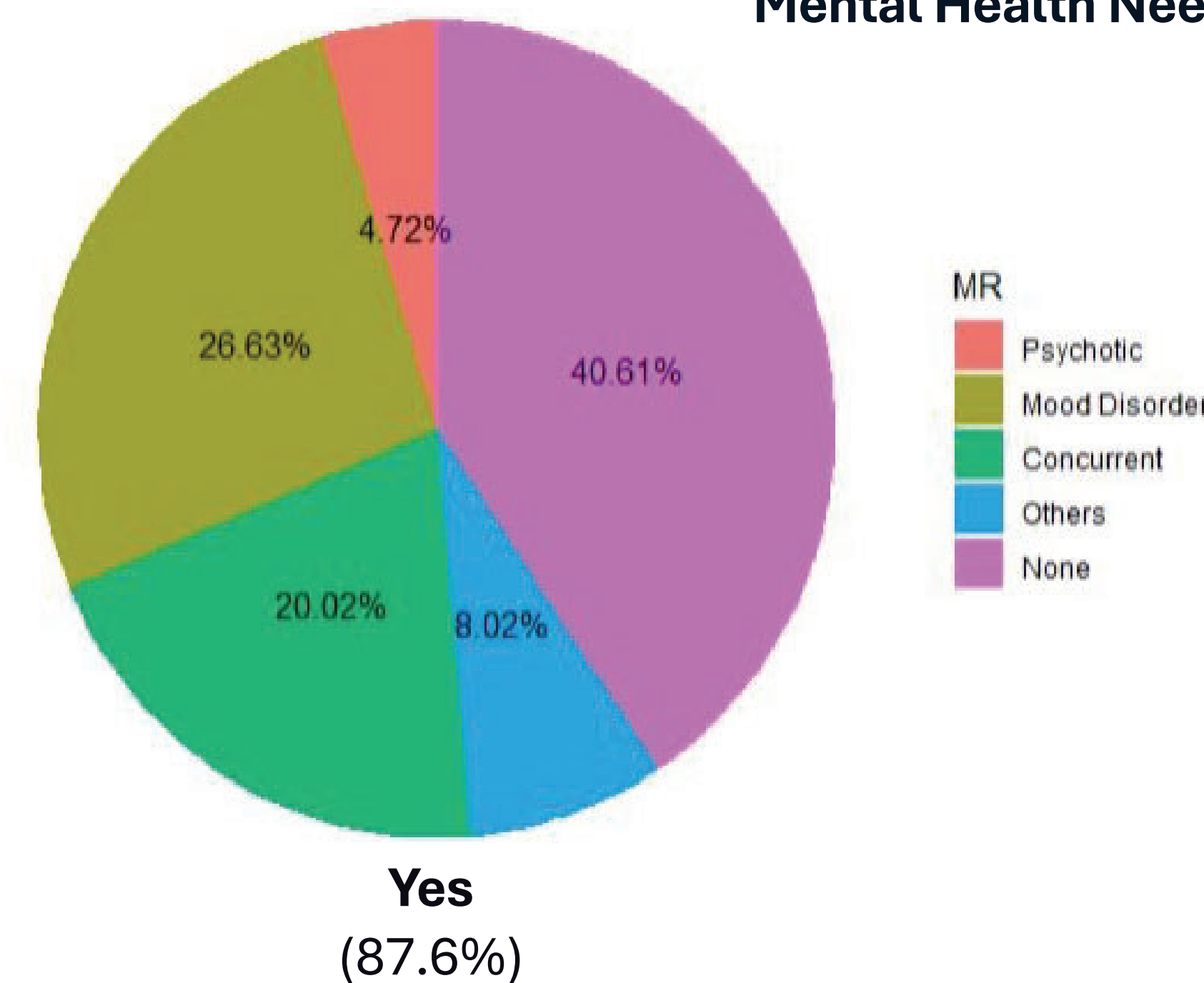


Cohort characteristics at baseline stratified by mental health need groupings

Variables	Overall		No Concerns		Mood Disorder Symptoms		Psychotic Symptoms		Concurrent		Other Concerns	
	N	%	N	%	N	%	N	%	N	%	N	%
	38,408	100.0	16,086	41.88	10,296	26.81	1,781	4.64	7,340	19.11	2,905	7.60
Sex												
Female	4,724	12.3	1,635	34.8	1,578	33.5	254	5.4	1,004	21.3	234	5.0
Male	33,684	87.7	14,451	42.9	8,718	25.9	1,527	4.5	6,336	18.8	2,671	7.9
Recidivism												
Yes	33,577	87.42	13,634	40.61	8,943	26.63	1,584	4.72	6,722	20.02	2,694	8.02
No	4,831	12.58	2,452	50.76	1,353	28.01	197	4.08	618	12.79	211	4.37
Violent Recidivism												
Yes	17,378	45.25	6,155	35.42	4,600	26.47	936	5.39	4,163	23.96	1,524	8.77
No	21,030	54.75	9,931	47.22	5,696	27.09	845	4.02	3,177	15.11	1,381	6.57

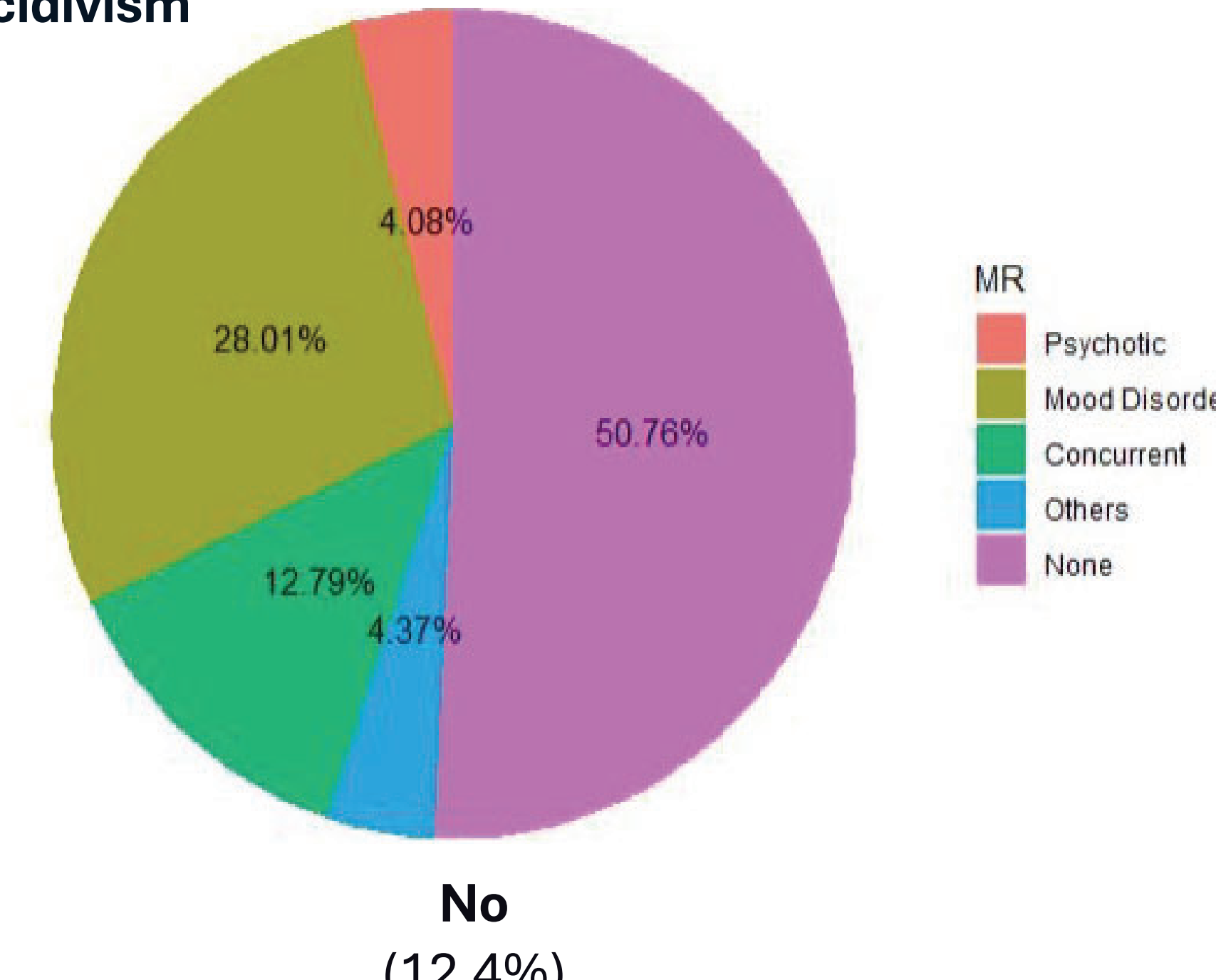
Results

Mental Health Needs and Rates of Recidivism



Yes
(87.6%)

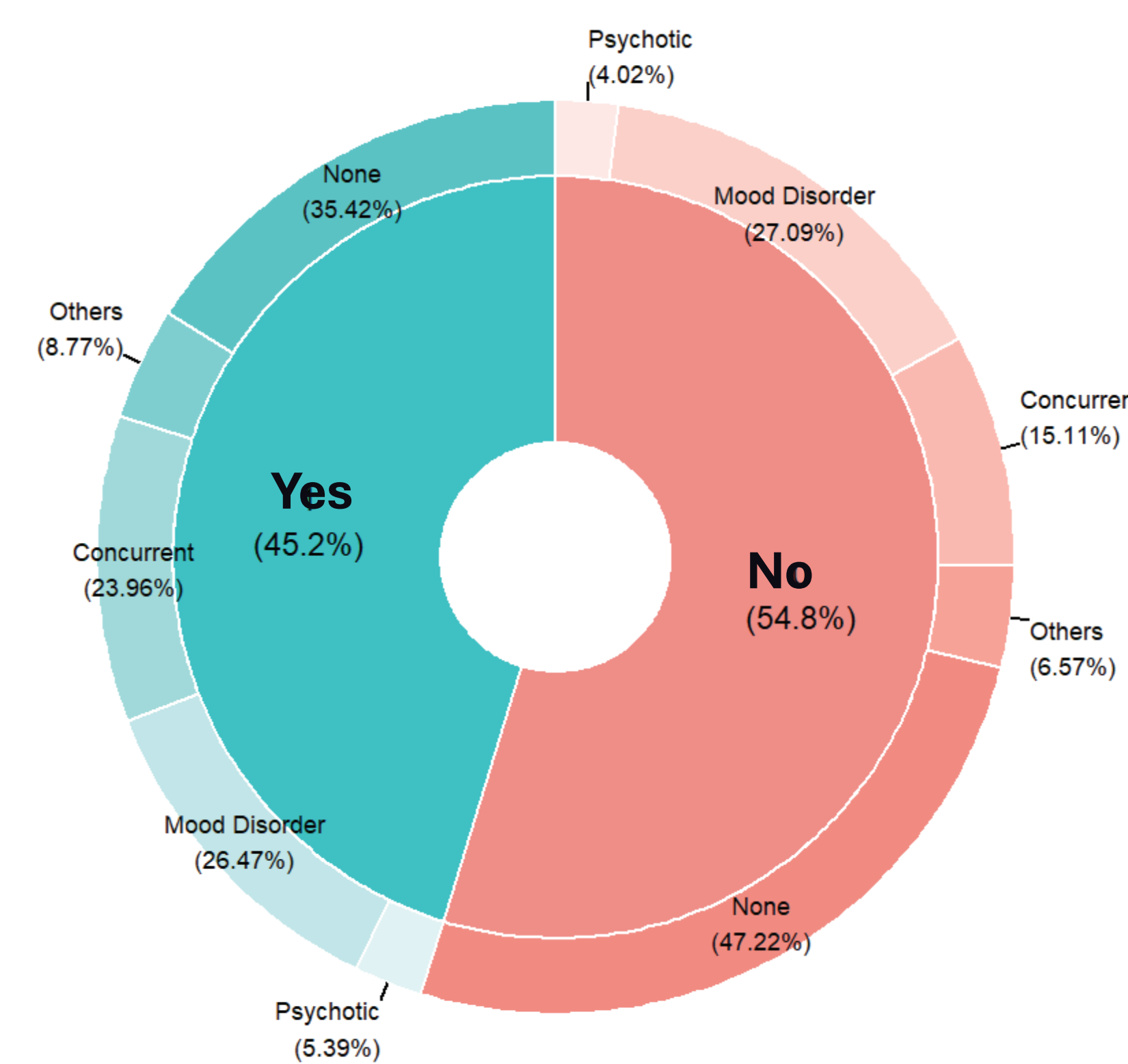
Proportions of mental health need groups among individuals who did recidivate



No
(12.4%)

Proportions of mental health need groups among individuals who did not recidivate

Mental Health Needs and Rates of Violent Recidivism



Yes
(45.2%)

No
(54.8%)

Recidivism

Variables	Estimate	p	95% CI lower bound	95% CI upper bound
Sociodemographic				
Age (18-90)	-0.01	<.001	-0.02	-0.01
Ethnicity				
Indigenous	0.36	<.001	0.27	0.44
Others	-0.55	<.001	-0.63	-0.47
Relationship Stability				
<1 year	-0.02	0.77	-0.15	0.11
Blank/None	-0.12	.001	-0.20	-0.05
Children	0.13	<.001	0.06	0.20
Education				
Less than high school	-0.17	<.001	-0.24	-0.11
Financial support				
Assisted	0.67	<.001	0.59	0.75
No means	0.14	<.001	0.06	0.23
Family support	-0.04	0.26	-0.10	0.03
Social support	-0.09	0.05	-0.18	0.00
Homeless/unstable housing	0.37	<.001	0.26	0.47
Mental Health Needs				
Psychotic	0.09	0.25	-0.07	0.25
Mood Disorder	0.10	.007	0.03	0.17
Concurrent	0.37	<.001	0.28	0.47
Other	0.59	<.001	0.44	0.74

Social Determinants of Health

Violent Recidivism

Variables	Estimate	p	95% CI lower bound	95% CI upper bound
Sociodemographic				
Age (18-90)	-0.01	<.001	-.01	.01
Ethnicity				
Indigenous	0.42	<.001	.39	.49
Others	-0.22	<.001	-.22	-.09
Relationship Stability				
<1 year	-0.01	0.93	-.08	.09
Blank/None	-0.11	<.001	-.16	-.06
Children	0.15	<.001	.11	.20
Education				
Less than high school	-0.16	<.001	-.17	-.11
Financial support				
Assisted	0.67	<.001	.04	.14
No means	0.14	.003	-.12	-.01
Family support	-0.04	0.76	-.04	.04
Social support	-0.01	0.05	-.02	.09
Homeless/unstable housing	0.16	<.001	.09	.17
Mental Health Needs				
Psychotic	0.61	<.001	.51	.71
Mood Disorder	0.26	<.001	.21	.31
Concurrent	0.69	<.001	.63	.75
Other	0.50	<.001	.42	.58

Results (Continued)

- Mental Health Needs were significantly associated with Rates of Recidivism
- Mental Health Needs were significantly associated with Rates of Violent Recidivism
- Mental Health Needs were significantly associated with Rates of Recidivism and Violent Recidivism even with Social Determinants of Health controlled for

The greatest proportional difference observed between Recidivism and Non-Recidivism groups was in the "No Mental Health Needs" category (~10%) and in the "Concurrent" Mental Health Needs category (~7%).

The greatest proportional difference observed between Violent Recidivism and No Violent Recidivism groups was in the "No Mental Health Needs" category (~12%) and in the "Concurrent" Mental Health Needs category (~8%).

Discussion

In line with past research (Chang et al., 2015; Houser et al., 2019; Yuhknenko et al., 2023), mental health needs were positively and significantly associated with rates of recidivism and violent recidivism.

Contrary to past research on the mediating role of social determinants of health (Thorncroft, 2020; Butler et al., 2022), each mental health need group was significantly associated with rates of recidivism and violent recidivism, except for "Psychotic Symptoms" for rates of recidivism.

A possible explanation for this result is that individuals who displayed "Psychotic Symptoms" could also have displayed other mental health symptoms, such as mood disorder symptoms or other concerns. Since the proportion of our sample categorized as displaying only "Psychotic Symptoms" was quite small (4.72%) within the large proportion of individuals who engaged in recidivism (87.62%), the association may have been insignificant as opposed to the proportion of our sample displaying only "Psychotic Symptoms" (5.39%) within the smaller proportion of individuals who engaged in violent recidivism (45.2%).

Limitations

Our study employed a correlational design, which can only reveal associations between variables and cannot claim temporal, ordinal, or causal relationships between variables.

The Jail Screening Assessment Tool (JSAT) was administered by BC Corrections staff, who are not licensed medical or mental health professionals. As such, the mental health needs identified indicate the presence of symptoms related to mental illness but cannot be treated as official DSM-V mental disorder diagnoses.

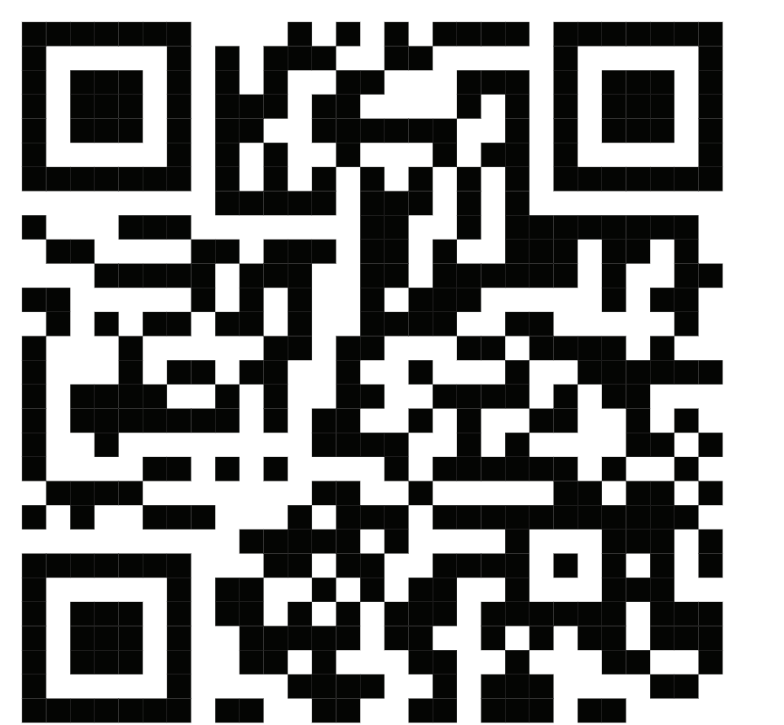
Substance use was not included in our model (captured in a separate section within the JSAT), so although mental health needs were found to still be significantly associated with rates of recidivism when controlling for sociodemographic characteristics, we cannot confirm the significance of association in the presence of substance use.

Future Directions

Our results demonstrate the associations between mental illness and rates of recidivism and violent recidivism that are revealed through more distinct categorization of mental illness groups that may differentiate the risks according to symptomology.

Further research is needed to support the idea that distinct mental illness categories can be used to better predict rates of recidivism and characteristics of crime such as violence among individuals with criminal justice involvement.

References



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