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; Palta 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; Yahyanez et al., 2020).

Past research has found that although comorbid with substance use was at greatest risk of violent recidivism, 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 (Erren 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. Modelling Role of Social Determinants of Health in both associations (non-violent and violent recidivism)

Methods
Jail Screening Assessment Tool (JASAT; Nicholls et al., 2005)
• Data was collected from 2009-2017 across 8 BC Correctional Facilities.
• JASAT was administered to all individuals upon intake, records mental health concerns, risk of self-harm, suicide, victimisation, violence, etc.
• ‘Mental illness’ section used to create five mental health need categories

Corrections Network System (CORNET)
• BC Corrections Electronic Data Platform – databases storing all client and officer information
• Recordings for convicted individuals only

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 regression was performed while controlling for sociodemographic characteristics to determine the potential mediating role of Social Determinants of Health in our model.

Results

Mental Health Needs and Rates of Recidivism

Proportions of mental health need groups among individuals who did recidivate

**Yes** (87.6%)

**No** (12.4%)

Mental Health Needs and Rates of Violent Recidivism

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

**Yes** (45.2%)

**No** (54.8%)

Social Determinants of Health

Violent Recidivism

<table>
<thead>
<tr>
<th>Variable</th>
<th>Estimate</th>
<th>95% CI Lower</th>
<th>95% CI Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yr)</td>
<td>0.02</td>
<td>0.01</td>
<td>0.03</td>
</tr>
<tr>
<td>Infectious</td>
<td>0.37</td>
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<td>0.47</td>
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<tr>
<td>Mean</td>
<td>4.22</td>
<td>3.43</td>
<td>5.00</td>
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<tr>
<td>Recidivism +1 year</td>
<td>0.62</td>
<td>0.57</td>
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<td>Recidivism &gt; 1 year</td>
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<tr>
<td>Recidivism</td>
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<td>0.08</td>
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<td>Less than high school</td>
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<td>Mental Health Support</td>
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<td>Homelessness</td>
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<tr>
<td>Social support</td>
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<td>0.09</td>
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<tr>
<td>Residential tenancy</td>
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<td>Mental Health Diagnosis</td>
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<tr>
<td>Other</td>
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</table>

Discussion
In line with past research (Chang et al., 2015; Hausser et al., 2019; Yahyanez et al., 2023), mental health needs were positively and 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 engaged in recidivism (87.62%), the association may have been insignificant as opposed to the proportion of our sample displaying only “Psychotic Symptoms” (27.29%) 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, causal, or causal relationships between variables.

The Jail Screening Assessment Tool (JASAT) 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 JASAT), 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 risk 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 crimes such as violence among individuals with criminal justice involvement.

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