Reducing criminal justice system involvement for people with mental and cognitive disability

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Presentation Outline

• Context of the problem

• Background to the MHDCD in the CJS project

• Selected key findings

• Discussion/Conclusions: understanding and addressing complex needs in people with disabilities in the CJS
Context of the problem

• Concern with the social exclusion and criminalisation of a group of people with disabilities.
• This group figure significantly in policing, justice and prisons, both as victims and offenders.
• Needs are complex.
• Trajectory into the CJS begins early in life.
• Responsive welfare provision and early intervention can be effective in addressing social exclusion and reducing vulnerability for people at risk of entering the criminal justice system.
• BUT specific experience for people who have disabilities and are at risk of CJS involvement is poorly understood
• In Australia and comparable jurisdictions current systemic and welfare responses appear to have only limited impact on preventing early contact from escalating into a cycle of incarceration and re-incarceration.
• Need for multi-systemic pathway understanding and advocacy.
People with Mental Health Disorders and Cognitive Disability (MHDCD) in the Criminal Justice System study

• ARC Linkage Project 2007-2010 UNSW
  • Cls: 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

• ARC Linkage Project 2011-2014 *Indigenous Australians with mental health disorders and cognitive disability in the CJS*
  • Cls: Eileen Baldry, Leanne Dowse, Julian Trollor, Patrick Dodson
  • Partner Organisations: Justice Health, Legal Aid, NSW Housing, ADHC

• Range of other ‘nested’ studies eg. Lifecourse costing; Use of S32; Acquired Brain Injury; Young People with Disability in the CJS; Victimization experiences

[http://www.mhdcd.unsw.edu.au](http://www.mhdcd.unsw.edu.au/)

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Study approach

Method: 1) Innovative data linkage and merging

- Cohort: 2001 Inmate Health Survey & CSNSW Statewide Disability Service database – purposive sample not representative
- Data on each individual drawn from:
  - The Centre for Health Research in CJS Health NSW
  - NSW Department of Corrective Services – adult custody
  - BOCSAR – reoffending database - courts
  - NSW Police – events, charges and custody
  - Juvenile Justice – clients and custody
  - Housing NSW – application and tenancy
  - ADHC – disability service
  - Legal Aid NSW – advice, application
  - NSW Health (mortality, pharmacotherapy, hospital admissions)
  - Community Services – out of home care

2) Qualitative interviews with NSW (5 sites) and NT with Indigenous individuals, community members and service providers

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SQL server, relational dataset

Cohort ID 2,731

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

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MHDCD Study Cohort by Diagnoses

<table>
<thead>
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<th>Diagnosis</th>
<th>Total</th>
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<tr>
<td>MH</td>
<td>145</td>
</tr>
<tr>
<td>No MHDCD Diagnosis</td>
<td>174</td>
</tr>
</tbody>
</table>

Note: The table and graph show the distribution of diagnoses within the MHDCD Study Cohort.
Diagnostic profile of the MHDCD Cohort

- Full Cohort N=2,731
- Intellectual Disability (IQ <70) N=680
- Borderline Intellectual Disability (IQ 70-80) N=783
- Mental health disorder N=1642
- Substance abuse disorder N=1985
- No diagnosis N=174
- Acquired brain injury identified for 19% N=511
- Women = 11%
- Indigenous Australians = 25%
- 69% of the cohort have complex/multiple diagnoses (groups not mutually exclusive)
Aboriginal persons in the MHDCD cohort

• 86% Indigenous cohort is male, 14% female.

• 91% Indigenous cohort identified with MHDCD; most complex needs; eg of those with MHD 77% have AOD, with 36% also CD.

• significantly higher number and rate of convictions than non Indigenous persons
Defining complex support needs

- Associated with vulnerability and social marginalisation.
- Multiple interlocking experiences and factors that span health and social issues (Rankin & Regan 2004).
- Includes: (a) mental health disorder;
  (b) cognitive disability including intellectual and developmental disability and acquired brain injury;
  (c) physical disability;
  (d) behavioural difficulties;
  (e) precarious housing;
  (f) social isolation;
  (g) family dysfunction;
  (h) problematic drug and/or alcohol use
  (i) risk of harm in early life
  (k) early educational disengagement
  (l) contact with the criminal justice system
Key selected findings: the experience of people with mental health and cognitive disability in the CJS
Education

Those with complex support needs and cognitive disability had significantly lower education attainment

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School Expulsion: MHDCD cohort compared with Inmate Health Survey Sample

Higher proportion of those in the MHDCD cohort both males (41%v 33%) and females (35%v29%) had ever been expelled from school. Much larger % reported being suspended.
Experiences in education

• Diagnosed groups in the MHDCD cohort have even lower levels of education than general prisoner population.
• Those with some form of Cognitive Disability have the worst levels of education.
• Complex groups: over 80% have no formal qualification with majority leaving school without completing Yr10
• Comparison between MHDCD cohort and non-MHDCD prisoner (HIS) cohort shows that those in the MHDCD cohort had higher proportions
  • leaving school without a qualification
  • being expelled and suspended from school
  • attending special school (12% V 8%)
Experience of Out Of Home Care: MHDCD cohort compared with Inmate Health Survey Sample

- 23% of the MHDCD cohort have been in OHC
- Women in the MHDCD cohort have a much higher incidence of having experienced OOHC than those in the total IHS sample
Family Context

- 23% of the MHDCD cohort had been in OHC compared with 19% non-MHDCD cohort.
- Of those who had been in OHC 60% have complex diagnoses, with 80% of this group having a cognitive impairment.
- No difference in raised by family between ages 0-10 but from 11-16 significant difference where MHDCD group (45%) more likely to move into OHC than non-MHDCD (40%).
- Intergenerational disadvantage greater for MHDCD cohort
  - Larger proportion of MHDCD cohort (18%) having a parent who had been incarcerated compared to non-MHDCD cohort (12%)
  - Higher proportion of MHDCD cohort (11%) having a parent who had also been in OHC compared with non-MHDCD cohort (9%).
Impact of out of home care

Those in the MHDCD cohort who had been in OHC had:

- 84% of the OOHC group have complex needs
- 90% of this group has cognitive impairment
- Younger age at first police contact
- Twice as many police contacts over their lives
- Twice as many custodial episodes over their lives
- Three times as likely to have been incarcerated as a juvenile
914 individuals had contact with juvenile justice services

80% (728) of these had been in custody in a juvenile detention centre at least once.

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
Comparing people with complex needs in the MHDCD cohort with JJ and no JJ history

For those with JJ history there is a significantly higher proportion of:

- **Males** - 91% of those with JJ history v 86% of those no JJ history
- **Aboriginal persons** - 35% of those with JJ history v 21% of those no JJ history
- **A history of OHC** - 27% of those with JJ history v 4.5% of those no JJ history
- **Multiple diagnoses ie complex needs** - 81% of those with JJ history v 69% of those no JJ history
- **Cognitive disability - ID or BID** - 66% of those with JJ history v 52% of those no JJ history
- **Alcohol and other drug use disorders** – 83% of those with JJ history v 74% of those no JJ history

The only tested variable on which no significant difference was found between the two groups was the presence of Mental Health Disorder.
Disability Service

- Of those diagnosed ID only 23% were Ageing Disability and Home Care (ADHC) clients at the time the cohort data was drawn.
- Of the BID group 4% were ADHC clients.
- 79% of those who are ADHC clients had been imprisoned prior to becoming a client. i.e. were diagnosed and referred for the first time whilst in prison.
Homelessness

![Homelessness Graph](image)

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Homelessness for Indigenous persons

Comlpex Needs

Not Complex Needs

Female

Male

ATSI

Not ATSI

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Impact of/on housing in/stability

• Significant numbers of the complex groups experienced homelessness and unstable housing as young people and as adults
• Significant numbers had parent(s) in public housing
• Significant numbers accommodated in refuges and other crisis accommodation as young people.
• Persons with complex needs had higher rates of terminations/evictions than others.
• 42% of evictions were due to incarceration or re-incarceration.
• Indigenous persons are over-represented amongst those who are homeless.
• Indigenous women with complex needs have the highest proportion of the homelessness.
• Those with complex needs and experiencing homelessness have
  • Higher rates of police contact;
  • higher rates of episodes of custody;
  • lower av. days in custody
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, conviction & custody – Indigenous Australians

Significantly lower age of first contact for Indigenous members of the cohort overall and especially first contact with police.
Custody as an adult – episodes and rates

Those with complex support needs have higher rates of episodes in custody than those with single or no diagnosis.
Those with complex support needs have significantly shorter duration each time in custody than those with single or no diagnosis.
Offence Types: most common (in order)

1. Non-aggravated assault
2. Receiving or handling proceeds of crime
3. Theft (except motor vehicles)
4. Property damage
5. Unlawful entry with intent/burglary, break and enter
6. Possess illicit drug
7. Driving without a licence
8. Offensive behaviour
9. Resist or hinder police officer or justice official
10. Breach of justice order
11. Trespass
12. Driving while licence cancelled, suspended or disqualified
13. Illegal use of motor vehicle
14. Registration offences
15. Theft from retail premises
16. Regulatory driving offences
17. Breach of domestic violence order
18. Breach of bail
19. Offensive language

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New Conceptualisation of Disability in CJS

• Highly disadvantaged places early in life & funneled into a *liminal marginalised community/criminal justice space* (Baldry 2013)

• Not falling through the cracks, rather, as young people on the conveyor belt / given a ticket on the CJS train. Systematic and patterned (Baldry 2013).

• The lack of appropriate support and services and the use of control agencies for persons experiencing multiple disadvantages together with mental and/or cognitive disability, compounds these life issues creating complex needs (Baldry & Dowse 2012).
Understanding complex support needs for people with mental health and cognitive disability in contact with CJS

- Complex set of vulnerabilities across individual, social and institutional domains, work together to bring people with complex support needs into contact with the CJS.
- Many risk factors are known and identifiable from a young age
- Pathways into the CJS for these young people with complex needs are multi-factorial and multi-stage (Baldry 2013).
- Difficult for currently disconnected service systems to identify and address.
- Failure to address contributory conditions often precipitate further involvement in the criminal justice system
- Poor coordination across areas of criminal justice, welfare and human services and education, appears to result in responsibility for management often falling to the criminal justice system (Baldry & Dowse, 2013).
Indigenous persons with mental health and cognitive disability in the CJS: lessons for the service sector

• Impact of incarceration
• Early intervention
• Support for families
• Impact of location
• Housing issues
• Institutional racism
• Loss and grief
• Service barriers
• Workforce issues
Addressing support needs for people with mental health and cognitive disability in contact with the CJS

• Comprehensive response means addressing models and practices in individual and family support, service system cohesion, and overarching policy direction.
• Premised on support not criminalisation.
• Responses specifically recognise and address complex needs as pervasive and interlocking rather than simply co-occurring, and therefore cannot to be addressed in isolation from each other.
• Service providers face a challenge in recognising the presence of complex support needs in their clients and ensuring assessment and early intervention.
• Policy makers to enact strategies that enable shared recognition and understanding of the nature of complex support needs, including common criteria and language.
• Specific cross-portfolio integration promoting collaborative and coordinated service response across education, child protection, disability and criminal justice system agencies.

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References


References


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MHDCD Project website UNSW
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