Criminal history predicts recidivism even among persons with mental illnesses

For decades, policymakers have grappled with the issue of crime and mental illness, with service design being generally guided by the belief that the involvement with the criminal justice system of those with mental illnesses can often be attributed to inadequate mental health services. In new research, **William Fisher and co-authors** *find that clinical factors, such as having a history of substance abuse, were not significant in terms of the potential for recidivism among those prisoners who had been classified as 'open mental health cases'. They write that the odds of persons with juvenile histories being rearrested were roughly 36 percent greater than those without, and that each additional previous jail term increased the odds of re-arrest by roughly 10 percent.*

The dilemma of how best to prevent the involvement with criminal justice system for people affected by mental illnesses has troubled policy makers in the US, Britain and other jurisdictions for decades. The typical solutions proposed to end this dilemma have included jail diversion programs, mental health courts, and specialized case management and, reentry services, all of which include strong mental health service components. The design of these services has generally been guided by the belief that criminal justice involvement or reinvolvement in this population can be attributed to inadequate mental health services, loss of contact with the mental health system, or the failure on the part of some persons to comply with prescribed treatments. The new or reestablished linkages provided through the mechanisms developed with these principles in mind have been shown to be effective in limiting jail days and other measures of justice involvement. Recently, however, more comprehensive data on the nature of this population suggests that many of its members have significant criminal histories which, in some cases, may predate the onset of their adult mental illnesses.

In new research, we examined recidivism patterns over a two-year period in a cohort of 1,012 persons 18 years of age or older who had been "open mental health cases" prior to their 2009 release from state prisons operated by the Commonwealth of Massachusetts. The study relied entirely on administrative data from a number of public agencies, acquired and merged with the support of a grant from the National Institute of Mental Health.

Roughly 55 percent of the cohort was arrested at least once during the 24-month observation period, with a median arrest free period of 19 months. Two multivariate analyses were performed to identify risk factors for rearrest. First, multivariable logistic regression was used to model the binary variable "any arrest within 24 months." This model included four sets of predictors:

- *demographic variables* (gender, race, age, education);
- *criminal history* (having a *juvenile record, number of prior incarcerations, and governing offense leading to the index conviction);*
- *clinical factors* (thought disorders, mood disorders, "other diagnoses"); and history of substance abuse);
- and post-*release community supervision* (i.e., whether a person was released on parole or probation).

The results of this analysis showed that greater age at release was protective against arrest; each additional year of age reduced the odds of rearrest by roughly four percent. Parole was a protective factor as well. The odds of rearrest for persons not placed on parole were approximately 50 percent greater than those under parole supervision. Neither clinical factors nor governing charge were statistically significant. However, aspects of criminal history, including having a juvenile arrest record and multiple previous incarcerations were highly significant positive risks for arrest. The odds of persons with juvenile histories being rearrested were roughly 36 percent greater than those without such histories, and each additional previous incarceration increased the odds of re-arrest by roughly 10 percent. A second analysis used the same set of predictors in a regression model of

“time to rearrest.” This analysis showed results similar to those obtained in the logistic regression model, although the effect of having juvenile record did not reach statistical significance, indicating that this factor affected whether or not a person was rearrested, but not the timing of the arrest relative to release.

These findings run counter to the argument that disconnection from or non-compliance with mental health services and treatments are the principal factors underlying the disproportionate involvement of persons with mental illness in the justice system. The fact that 48 percent of this cohort’s membership had a juvenile record and roughly 50 percent had three or more previous incarcerations suggests that this is a population with significant likelihood of criminal involvement. It is also one with risk factors for recidivism that are not dissimilar from what might be observed in a general offender population. While no one would argue for a reduction in the intensity of mental health services for this population, it may be necessary to incorporate measures that address criminogenic needs in providing those services. There have been calls for the development of what has been termed a “second generation” of mental health services for offenders with mental illness that would emphasize interventions aimed at reducing antisocial activities, criminal thinking, substance abuse and involvement of others who engage in such activities. Doing so would require something approaching a paradigm shift in thinking about offenders with mental illness, one which in turn would require some advocacy groups to acknowledge the criminal propensities of at least a subset of this offender population.

This study, of course, has limitations, some of which are a consequence of using administrative data. For example, diagnoses used in our analysis were those included in inmate records and based on clinicians’ interpretations of inmates’ symptom presentations at the time of assessment. Limitations aside, however, these data allowed us to examine the post-release experience of a large cohort of inmates – a task whose costs and logistics would have been prohibitive had they required primary data collection. Future research will augment these data with those from other public agencies in hopes of gaining a more detailed and nuanced understanding of the post-release experiences of this group.

This article is based on the paper, ‘Recidivism Among Released State Prison Inmates Who Received Mental Health Treatment While Incarcerated’ in Crime & Delinquency.

This research was funded by the National Institute of Mental Health, Grant NIMH 1RC1MH088716-01, Stephanie Hartwell, PhD., Principal Investigator.

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