



Risk of criminal justice system involvement among people with co-occurring severe mental illness and substance use disorder☆☆☆



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ABSTRACT

While there are documented risk factors for criminal justice system involvement (CJSI) among persons with severe mental illness, little is known about risk for CJSI among people with co-occurring severe mental illness and substance use disorders. Using logistic regression, we identified sociodemographic and clinical risk factors that most increase risk of CJSI among people with co-occurring disorders ($N = 10,855$: National Survey of Drug use and Health, 2006–2014), and examined whether co-occurring disorders increase CJSI risk and risk of violent offenses in relation to severe mental illness alone versus substance use disorder alone. Seventeen percent of people with co-occurring disorders in our study were arrested and booked for breaking the law in the past year. At heightened risk were males, Blacks (relative to Whites), younger people, people with less education, divorced or separated individuals (relative to married), the unemployed, persons in the largest households (6 or more people, relative to one person), people in substance abuse treatment, and persons with certain drug use disorders (e.g., both alcohol and marijuana, relative to alcohol only). At reduced risk were Asians (relative to Whites), people with the highest incomes, and people with marijuana use disorders (relative to alcohol). In relation to people without severe mental illness or substance use disorder, those with co-occurring disorders were 7.47 times as likely ($CI = 6.56–8.51, p < .001$) to be arrested and booked for breaking the law in the last 12 months, while those with severe mental illness (only) were 1.84 times as likely ($CI = 1.64–2.08, p < .001$) and those with substance use disorder (only) were 5.32 times as likely ($CI = 4.86–5.83, p < .001$). After using our findings to identify people who are at greatest risk for CJSI, preventative interventions could be offered.

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1. Introduction

Many people in the criminal justice system have both severe mental illness and substance use disorders (co-occurring disorders, or CODs: Ogloff, Talevski, Lemphers, Wood, & Simmons, 2015; Peters, Wexler, & Lurigio, 2015; White, Goldkamp, & Campbell, 2006). However little is known about risk for arrest or incarceration among people with CODs, for most of the literature focuses only on people with severe mental illness (schizophrenia, bipolar disorder, or major depressive disorder) or (separately) people with substance use disorders. We therefore studied sociodemographic and clinical characteristics that most increase risk of criminal justice system involvement (CJSI) among people with CODs,

and examined whether CODs increase CJSI risk (or risk of violent offenses) in relation to severe mental illness alone versus substance use disorder alone.

Risk factors for CJSI among persons with severe mental illness are well documented. They include prior CJSI (e.g., Hawthorne et al., 2012; Prince, Akincigil, & Bromet, 2007; Van Dorn et al., 2011), homelessness (Constantine et al., 2010; Copeland et al., 2009; Hawthorne et al., 2012; White, Chafetz, Bride, & Nickens, 2006; White, Goldkamp, et al., 2006), co-occurring posttraumatic stress disorder (Sadeh & McNeil, 2015), history of suicide attempt (Swann et al., 2011), co-occurring antisocial personality disorder (McCabe et al., 2012; Swann et al., 2011), adolescent conduct disorder (Greenberg et al., 2011), not having outpatient mental health treatment (Constantine et al., 2010; Van Dorn, Desmarais, Petrla, Haynes, & Singh, 2013), not possessing or taking psychiatric medication (Ascher-Svanum, Nyhuis, Faries, Ball, & Kinon, 2010; Van Dorn et al., 2013), having had a recent involuntary psychiatric evaluation (Constantine et al., 2010; Robst, Constantine, & Petrla, 2011), multiple psychiatric hospitalizations (Quanbeck et al., 2005), lower functioning (Krona et al., 2017), psychiatric disorder in a first degree relative (Krona et al., 2017), lack of Medicaid or health insurance (Hawthorne et al., 2012), young age (Greenberg, et al., 2011;

Abbreviations: CJSI, criminal justice system involvement; CODs, co-occurring disorders.

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Krona et al., 2017), male gender (e.g., Graz, Etschel, Schoech, & Soyka, 2009; Greenberg et al., 2011; Prince et al., 2007; Quanbeck et al., 2005), Black or non-white ethnicity (e.g., Prince et al., 2007), marital status (separated, divorced, or widowed: Graz et al., 2009), unemployment, or low educational attainment (Krona et al., 2017; Swann et al., 2011). In relation to social networks, Davis and Brekke (2013) found that frequent contact with social network members increases risk of arrest, especially when such members exhibit high-risk behaviors or are socially disadvantaged. Less frequent contact with certain social network members (i.e., those who might exert a negative influence) reduces exposure to people who might increase risk of CJSI. Having larger as opposed to smaller social networks decreases risk of arrest, perhaps because more people are available in these larger groups that might provide access to needed resources (e.g., help with employment or housing).

Importantly, the most significant risk factors for CJSI among persons with severe mental illness may relate more to factors external to the mental illness itself. More specifically, being male, being Black, and having prior CJSI can overshadow mental illness risk factors such as symptom severity (Prince et al., 2007). The most common reasons for CJSI seem to differ by study. According to Fisher and colleagues (2006), the most common crimes are against public order, followed by serious violent offenses and minor property crime. Ogloff and colleagues (2015) found that violent offenses are most common, followed by theft. Finally, Prince and colleagues (2007) found that trespassing was most common, followed by substance abuse (driving while intoxicated, drug sales or possession), violence, and theft. Sacks (2004) found that most women with CODs enter the criminal justice system through crimes relating to substance use. Across all charges, most evidence suggests that people with severe mental illness may be more likely than people in the general population to be involved in the criminal justice system (e.g., Erickson, Rosenheck, Trestman, Ford, & Desai, 2008; Fisher et al., 2011, 2014; Munetz, Grande, & Chambers, 2001; Teplin, 1984), but Wilson, Draine, Barringer, Hadley, and Evans (2014) did not find any difference in relation to re-incarceration when the mental illness is not accompanied by substance use disorder. That is, people with severe mental illness alone were no more likely to be re-incarcerated than people without severe mental illness or substance use disorder.

Having a substance use disorder seems to increase risk of CJSI in persons with severe mental illness (Ascher-Svanum et al., 2010; Copeland et al., 2009; Daff & Thomas, 2014; Erickson et al., 2008; Hawthorne et al., 2012; McCabe et al., 2012; Morgan et al., 2013; Mullen, Burgess, Wallace, Palmer, & Ruschena, 2000; Munetz et al., 2001; Quanbeck et al., 2005; Swartz & Lurigio, 2007; Van Dorn et al., 2011; Wallace, Mullen, & Burgess, 2004; White, Chafetz, et al., 2006; White, Goldkamp, et al., 2006). Among such persons, McNiel, Binder, and Robinson (2005) found that individuals with co-occurring substance use disorders were five times more likely to be incarcerated than people without substance use disorders. However in a longitudinal investigation of people with first episode psychosis, Prince and colleagues (2007) found that comorbid substance use disorders did not increase risk of incarceration after inclusion of other overarching risk factors (especially male gender, Black ethnicity, and prior CJSI). Thus most but not all of the evidence points to substance abuse as a CJSI risk factor among people with severe mental illness, yet risk factors for CJSI among people with both substance use disorder and severe mental illness are poorly understood even though: (1) half of all people with severe mental illness have a substance use disorder (Kessler, 2004); and (2) many people in criminal justice settings have CODs (e.g., Ogloff et al., 2015; Peters et al., 2015; White, Goldkamp, et al., 2006). Luciano and colleagues (2014) found that 33% of people with CODs are incarcerated over a three-year period, and Wilson and colleagues (2014) found that people with CODs are more likely to be re-incarcerated than individuals with no diagnosis. In addition, people with CODs are more likely to be re-incarcerated and are more likely to have multiple prior incarcerations than people with either severe mental illness alone or substance use

disorder alone (Baillargeon et al., 2010; Messina, Burdon, Hagopian, & Prendergast, 2004). Prior incarceration is a risk factor for incarceration among people with CODs, and protective factors include friendships with sober people and substance abuse treatment engagement (Luciano et al., 2014). Among people with CODs, the substance use disorder poses a much greater risk for CJSI than the severe mental illness (Peters et al., 2015). There are several reasons why addiction increases risk of CJSI among people with psychiatric disorders (Ogloff et al., 2015; Wilson et al., 2014), for there are risks in obtaining or possessing illegal substances, associating with people who distribute drugs, committing crime in order to fund drug use, engaging in illegal acts while under the influence, and acting with elevated levels of substance-induced aggression or violence.

We identified sociodemographic and clinical risk factors that most increase risk of CJSI among people with CODs in the general population, and examined whether CODs increase CJSI risk and risk of violent offenses in relation to severe mental illness alone versus substance use disorder alone. Based on prior studies on CJSI among people with CODs or severe mental illness, we hypothesized (based on information available in our dataset) that male gender, Black race/ethnicity, lack of mental health treatment, lack of substance abuse treatment, and low educational attainment increase risk of CJSI among people with CODs. We also hypothesized that people with CODs are more likely to have CJSI and more likely to have violent offenses than people with severe mental illness alone or substance use disorder alone, and that the risk relating to substance use disorder alone is greater than the risk of severe mental illness alone. Unlike most studies on CJSI that focus on severe mental illness, we focused on CODs, and unlike most investigations that research people in treatment (clinical samples), we studied individuals with CODs in the general population. Although we discuss CJSI more generally, our focus was mostly on people with minor offenses, or on those who are not yet in jail (e.g., pretrial; released on bond). Incarcerated individuals were not available for data collection, although the vast majority of people with CODs are detained so temporarily in the criminal justice system that they are released a day or less after being taken into custody (White, Goldkamp, et al., 2006).

2. Method

2.1. Dataset

The National Survey of Drug Use and Health (NSDUH: Substance Abuse and Mental Health Services Administration: 2006–2014) is a cross-sectional survey that measures prevalence and correlates of drug use among the general population of non-institutionalized persons in the United States. We first merged the 2006–2014 NSDUH datasets ($N = 502,467$), and then excluded adolescents (ages 12–17, $n = 157,567$). Next, we removed survey respondents with missing data on any of the variables in Table 1, leaving 266,193 persons. Finally, we removed respondents who did not have both a severe mental illness and a DSM-IV substance use disorder, leaving 10,855 people in our final sample of people with CODs. The final sample was 50% male and 36% were over the age of 34. In relation to ethnicity, 69% were White, 12% were Black, 14% were Hispanic, 2% were Asian, and 4% were of another ethnicity (see Table 1).

In a second analysis, we compared CJSI among people with CODs to people with severe mental illness only or substance use disorder only (see Table 2). In this analysis, we used the full sample of 502,467 people and excluded adolescents and individuals with missing data. Among the remaining 266,193 persons, 48% were male and 70% were over the age of 34. In relation to ethnicity, 65% were white, 12% were Black, 15% were Hispanic, 4% were Asian, and 2% were of another ethnicity. Finally, in a third analysis, we compared CJSI among people with CODs who were arrested and booked for violent offenses only to: (1) people with severe mental illness (only) who were arrested and booked for violent offenses; and (2) people with substance use disorders (only) who were

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