



*Improving the Health of Canadians 2008 :
Mental Health, Delinquency and
Criminal Activity*

Summary Report

Mental health is more than the absence of a diagnosed mental illness.¹ According to the World Health Organization (WHO), it is “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.”²(p. 1)



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Individual, social, economic, cultural and other factors can shape patterns of mental health. For example, the genes that we inherit from our parents and what we learn as children may matter. So too may how and where we live, including our education, income and employment levels, as well as our social relationships, housing and neighbourhoods. These and other factors can influence mental health in complex ways that are not always well understood.³ By focusing on specific groups in the population we can further explore these links. Such groups include youth and adults at risk of committing delinquent or criminal acts and those with a mental illness who are involved with Canada's criminal justice system.

Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity examines the relationships between mental health, mental illness, delinquency and criminal activity and their various determinants. By better understanding how these issues are related to each other, we can better understand what interventions and policies may be effective at promoting mental health, preventing delinquency and criminal activity and intervening among offenders with a mental illness. In addition to individuals with an interest in population health and mental health, the report contains information that will be of particular interest to individuals who work with youth and have an interest in crime prevention, as well as individuals who work with offenders with a mental illness. This summary presents highlights from the full report. We invite you to refer to the underlying research and references at www.cihi.ca/cphi.

Mental Health and Delinquency: Key Messages for People Who Work With Youth

The first part of the report explores what mental health-related factors at the individual, family, school/peer and community levels may be associated with delinquency. Given the focus on early identification and prevention, much of this research has focused on children and youth.

Research suggests that some factors increase the risk of youth delinquency, while others appear to protect youth from engaging in such behaviour. For example:

- At the individual level, risk factors include low self-worth,⁴ hyperactivity⁵ and victimization.⁶ Protective factors include high levels of life satisfaction⁷ and optimism.⁸
- At the family and school/peer levels, risk factors include negative parenting styles,⁵ lack of school involvement, poor academic achievement,⁹ negative peer influences¹⁰ and bullying.¹¹

Protective factors include a parenting style that is nurturing¹⁰ and a school environment in which youth feel involved.¹²

- At the community level, risk factors include high turnover of neighbourhood residents,⁹ feelings of hopelessness¹³ and high rates of violent crimes.¹⁴ Feeling a positive bond to society is associated with better mental health.¹⁵

Various programs in Canada and abroad have targeted the individual, family, school/peer and community contexts in an effort to prevent crime through mental health promotion. Although few programs have evaluations of long-term health outcomes, evaluations suggest there is a link between various skills-training programs within the family and school contexts with improved mental health outcomes and reduced delinquency among children and youth. Evidence from some programs indicates:

- A link between self-control training among children with reduced aggressive behaviour and improvements in social behaviours.^{16, 17}

Risk and Protective Factors Related to Levels of Self-Reported Delinquent Behaviour, Youth Aged 12 to 15, 2004–2005

Statistics Canada's National Longitudinal Survey of Children and Youth (NLSCY) measures delinquency through a number of behaviours, including aggressive behaviour. CPHI analyses of NLSCY data indicate that 10% of responding youth aged 12 to 15 reported often being aggressive and 56% reported never being aggressive. Results highlight the value of both promoting protective factors and reducing risk factors as a means of addressing aggression in youth.

The top five ranked protective factors against aggressive behaviour were those for which the number of youth reporting no aggression was the highest overall and significantly higher than the opposite level of the factor.

Protective Factors	Percent Who Report No Aggression
High emotional capability	75%
High stress-management skills	73%
High parental nurturance	66%
Likes school	65%
High adaptability skills	65%

The top five ranked risk factors linked to reporting often being aggressive were those for which the number of youth reporting often being aggressive was the highest overall and significantly higher than the opposite level of the factor.

Risk Factors	Percent Who Report Often Being Aggressive
Medium-high level of indirect aggression	31%
High level of hyperactivity	27%
High level of parental rejection	26%
Medium-high level of anxiety	25%
High levels of punitive parenting	21%

Source: CPHI analysis of National Longitudinal Survey of Children and Youth (Cycle 6, 2004–2005), Statistics Canada.

- A link between family-skills training in early childhood with increased self-efficacy and reduced juvenile delinquency in later childhood.¹⁸
- Improvements in school and work functioning, decreased involvement in criminal activities and fewer mental health problems among youth receiving a school-based intervention.¹⁹
- Short-term improvements in terms of less delinquency,²⁰ but no long-term differences in terms of having a criminal record.²¹

New CPHI analyses of data from CIHI’s Ontario Mental Health Reporting System (OMHRS) database show that between April 2006 and March 2007, 9% of patients who were admitted to a mental health bed indicated they were admitted because they were involved or charged with criminal activity. Among these patients, schizophrenia was the most common diagnosis (54%), followed by substance-related disorders (38%). Among patients admitted without criminal involvement, mood disorder was the most common diagnosis (53%), followed by schizophrenia (33%).

Mental Illness Among Individuals in Mental Health Beds Who Have a Criminal History: Key Messages for Mental Health Providers

The second part of the report looks at individuals in mental health beds (in Ontario) who were or are involved with the criminal justice system.

Compared to patients with no criminal history, data show that patients admitted to a mental health bed with a criminal history reported significantly more risk factors at admission, including a more pronounced history of mental illness and service use, as well as high rates of substance use, victimization, stressful life events and unstable relationships. They also had significantly higher levels of risk that were specific to their discharge planning, including lack of medication adherence, lack of social support and unstable living arrangements (see Table 1 below).

Table 1
Comparison of Discharge Planning Risks Between Patients in Mental Health Beds With and Without a Criminal History, 2006–2007

	Criminal History	No Criminal History
Medication Adherence		
Reported adhering to prescribed medications <i>less than 80% of the time</i> in the month prior to admission	31%	21%
Intentionally misused medication in last 3 months	17%	13%
Social Support Issues		
Patient has no support person who feels positive about his or her discharge	23%	18%
Absence of family or friends to help provide supervision needed for personal safety	11%	6%
Initial Living Arrangement Expected on Release		
Private home	66%	77%
Homeless	4%	1%
Correctional facility	3%	<1%
Unknown	3%	2%

Note:

All comparisons are significantly different between groups at $p < 0.05$. For the Criminal History group, the top five expected living arrangements were listed.

Source:

CPHI analysis of Ontario Mental Health Reporting System (OMHRS), 2006–2007, CIHI.

Mental Illness and the Criminal Justice System: Key Messages for People Who Work With Offenders With a Mental Illness

The second part of the report also looks at individuals with a mental illness currently involved with the criminal justice system. Existing data show that incarcerated youth and adults report higher prevalence rates of a range of mental illnesses than does the general population.^{3, 22, 23} But which comes first—mental illness or incarceration? It is a complex question for which there is no definitive answer. It is difficult to identify when a mental illness may have been a precursor to one's incarceration and when, or if, it developed or worsened with incarceration.

- Some individuals with a mental illness who commit a crime are diverted away from further involvement with the justice system through warnings or mental health treatment. Evidence indicates that participants in mental health diversion programs spend less time in jail and have more involvement with mental health professionals and community mental health services than individuals not involved in such programs.²⁴
- Some individuals with a mental illness who commit a crime are incarcerated in a correctional facility. Many jurisdictions offer programming related to specific mental health issues for offenders in both institutional and/or supervised community settings, including substance abuse treatment, violence prevention and stress and anger management. Similar programs are offered within federal correctional facilities. Despite this array of programming, little is known about the long-term impacts on mental health–related outcomes or the accessibility of programs to offenders, particularly among those with mental health issues.

What Do We Still Need to Know?

Information in this report indicates that while there is much we know about mental health and its role in preventing delinquency and providing services to those involved with the criminal justice system, there are many things we still need to know. For example:

- What changes in mental health factors over time are associated with changes in delinquency among youth?

- What mental health–related factors are associated with criminal behaviour among adults? Among specific sub-groups such as Aboriginal Peoples?
- What are the long-term impacts on mental health of existing policies and programs that address both crime prevention and mental-health promotion?
- What proportion of inmates, at either the provincial/territorial or federal level, have compromised mental health? A diagnosed mental illness?
- To what extent are inmates with a mental disorder accurately identified, assessed and provided treatment at intake and during incarceration?
- What is the effectiveness of various community-based programs at addressing the mental health needs of those released from prison and providing supports that prevent repeat offending?

Conclusions

Many factors that affect patterns of mental health or mental illness are also linked to the determinants of delinquency and criminal activity. Information presented in this report indicates there is a role for everyone, across all levels of government and sectors within and outside of health, to play in understanding and addressing the link between mental health, mental illness, delinquency and criminal activity.

There is value in providing appropriate services and programs in order to prevent criminal activity. Within the individual, family, school/peer and community contexts, various factors may protect against or increase one's risk for delinquency. Research suggests that no single program that targets only one risk or protective factor would be as effective as programming that targets the multiple factors associated with mental health, delinquency and criminal activity. There is also value in providing offenders who have a mental illness with appropriate services and programs within correctional facilities and in the community.

About the Canadian Population Health Initiative

The Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information (CIHI), was created in 1999. CPHI's mission is twofold: to foster a better understanding of factors that affect the health of individuals and communities; and to contribute to the development of policies that reduce inequities and improve the health of and well-being of Canadians.

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