



Linked and Merged Multi-sourced data informing justice policy

Never Stand Still

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The Foundation Studies

- ARC Linkage studies:
- *People with mental health disorders and cognitive disability in the criminal justice system 2007-2010*
- And
- *Indigenous Australians with mental health disorders and cognitive disability in the CJS 2011-2013*
- Partners: FaCS (ADHC & Housing), Justice Health, Legal Aid & Aboriginal Legal Services NSW, Corrective Services NSW, Juvenile Justice, CID NSW

The Problems

- Over-representation of people with mental health disorders or cognitive impairment in prison
- Over-representation of people with 'dual diagnosis' in prison
- Lack of knowledge about these groups of people
- Medical siloed diagnoses
- Lack of understanding of effects of interaction of multiple impairments, disability & disadvantage and multiple agency and service involvement



The Questions

- Why do large numbers of people with mental health disorders and cognitive disability (MHDCD) become embedded in Australian criminal justice systems (CJS)?
- What are the pathways of people with MHDCD into the CJS?
- What contact does this group have with human and social systems that could be diverting them from the CJS?
- What policies and practices work to prevent or divert this group from enmeshment with the CJS?



How to answer the questions?

- We devised an approach
- to gather:
- Individual institutional data across lifecourse
- And to:
- Link and merge multiple institutional datasets to create dataset to perform quantitative and a range of other analyses as well as create rich and thick qualitative individual lifecourse pathways



Ethics

- Statement from Privacy Commissioner that the data linking and merging was in the public interest
- Gained ethics or equivalent approval from UNSW and all agencies



The Study approach

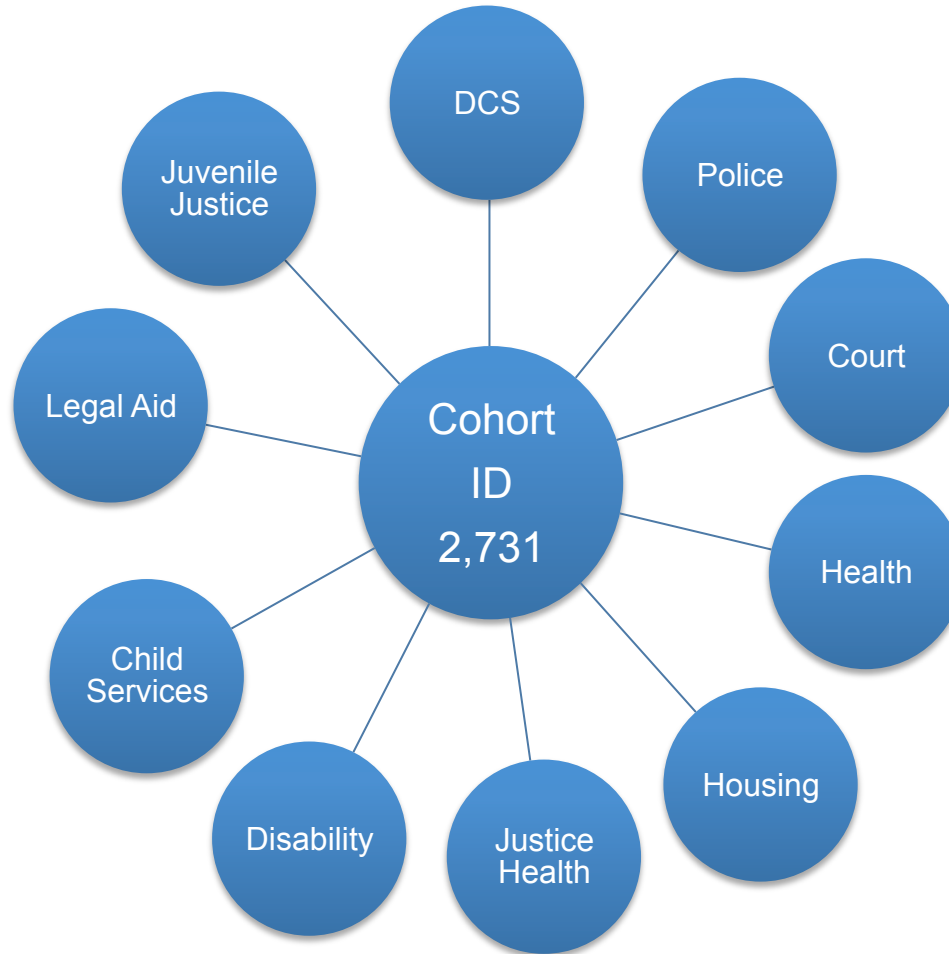
- **Method: Innovative data linkage and merging**
 - ❑ Cohort: 2001 Inmate Health Survey & DCS Statewide Disability database
 - ❑ Add Data drawn from:
 - ❑ The Centre for Health Research in CJS Health NSW (+data from 2009 survey)
 - ❑ NSW Department of Corrective Services
 - ❑ BOCSAR
 - ❑ NSW Police
 - ❑ Juvenile Justice
 - ❑ Housing NSW
 - ❑ ADHC
 - ❑ Legal Aid NSW
 - ❑ NSW Health (mortality, pharma., admissions)
 - ❑ Community Services – out of home care

Data provision

- Individual negotiation with each agency
- 2731 individuals in the core datasets but 30,000 aliases
- None of the datasets interfaced
- CHeReL just initiating - some vital data (eg ambulatory MH) not available at time of draw
- Verifying, cleaning, linking and merging took 3 years



SQL server, relational dataset



Cohort

- Full Cohort N=2,731 (all been in NSW prison)
- Women = 11%
- Indigenous Australians = 25%
- ~40% had been Juvenile Justice clients

What this dataset enabled

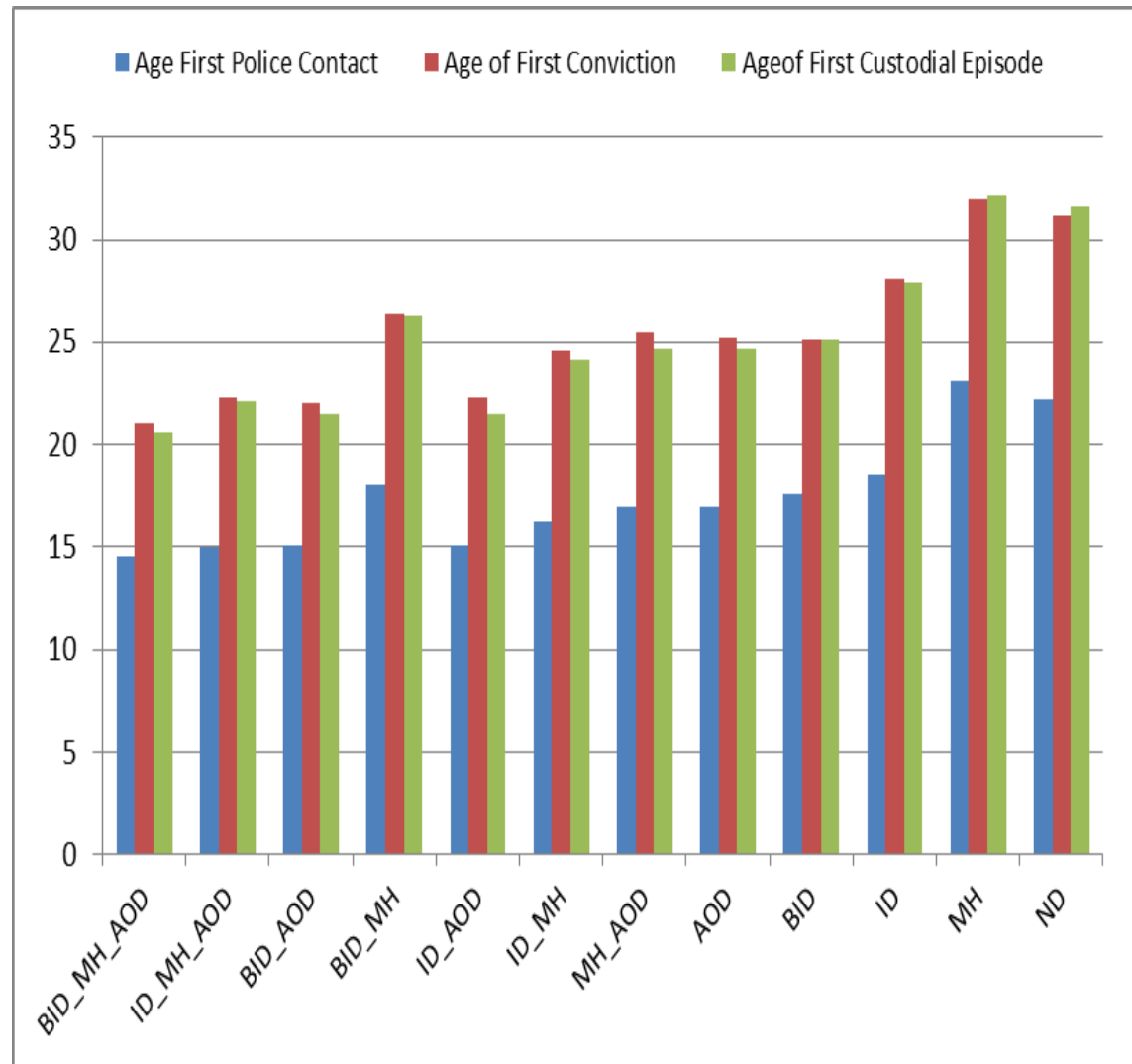
Sorting into and analysis of groups:

accurate assignment of life factors and events
impact of compounding disability on life course
pathways

for example:

Police Contacts

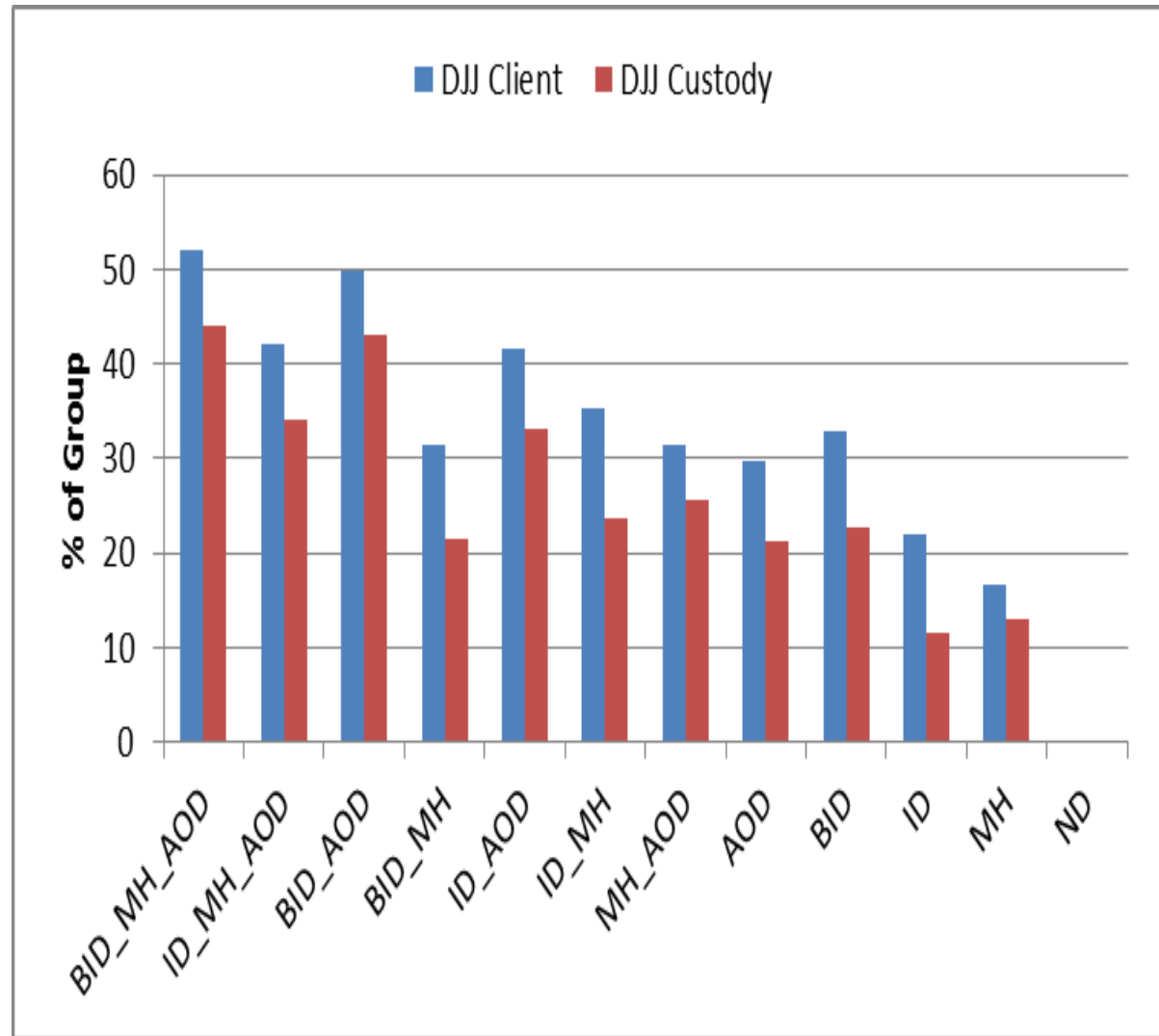
People with Complex Cognitive Disability had significantly more police contacts over their lives, starting younger, and significantly higher rates of police contacts per year than ND & single



Contact with Juvenile Justice

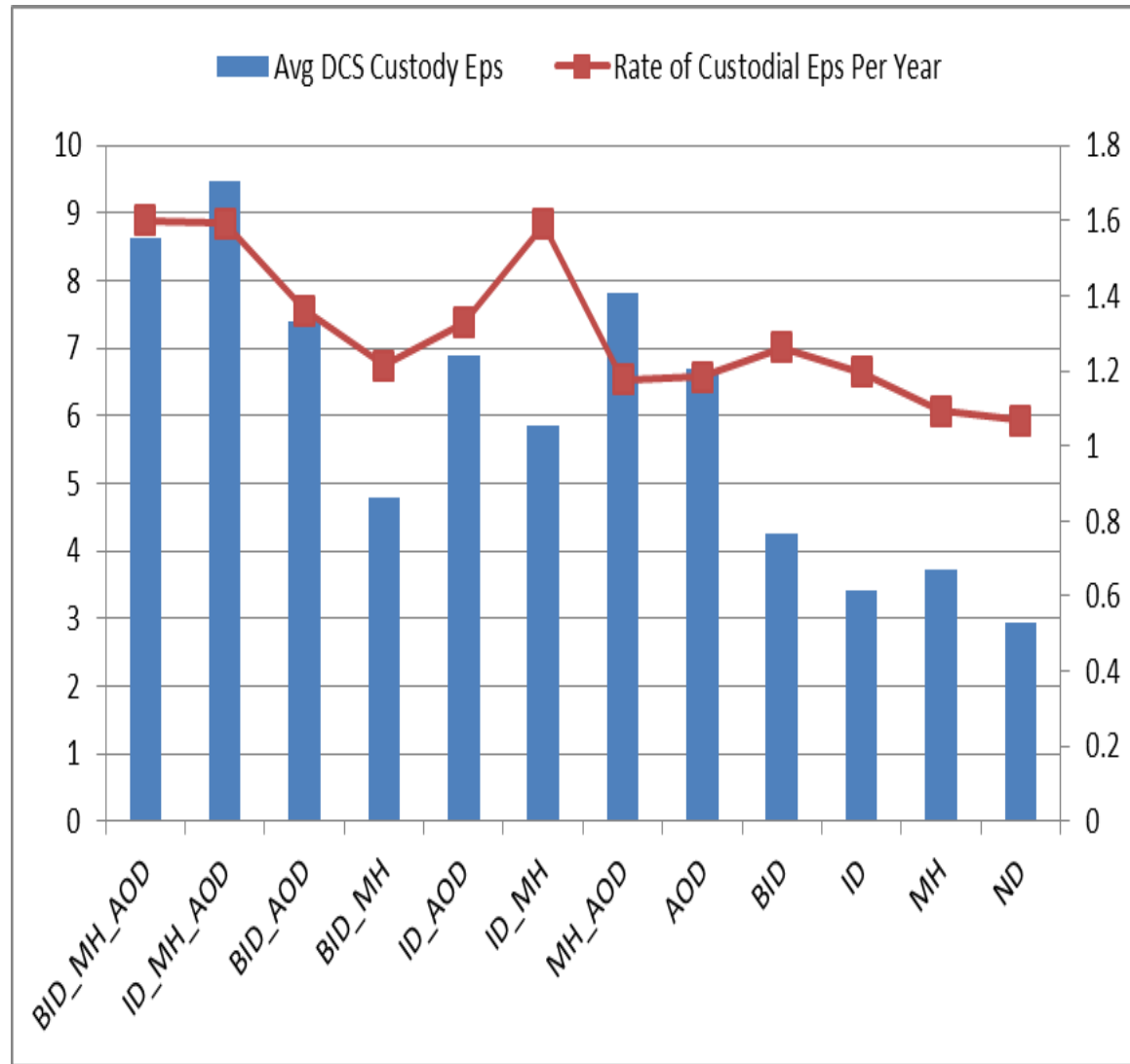
Sig. higher rate of being a JJ client for Complex Cognitive Disability groups - between 40% to 60%; Aboriginal young people sig over-represented

But ~ 15% for those with MH only and none for no diagnosis



All custody

Those with compounding disabilities have shorter duration each time in custody, than BID, MH or no diagnosis but similar av. number of days per year in custody (ie more short stays).



Analyses revealed

- High level of multiple and complex support needs (3/4 of the cohort)
- Similar pattern for victimisation, OOHC, Homelessness, health status, use of Legal Aid, custody, convictions, adult incarceration, lifelong contact with CJ
- Women with complex needs have sig higher number and rate of custodial episodes than their male counterparts
- Aboriginal participants higher rates of MHDCD and of homelessness, OOHC, poor health, police, JJ, custody, convictions
- The majority not a client of ADHC until assessed in adult prison



Importance of place

- Come from and move around small number of disadvantaged suburbs / towns
- For example:



Geographical disadvantage

- 41% of the Indigenous female sub cohort have lived in one or more of just 3 suburbs
- 100% of the Indigenous women have lived in just 6 suburbs or towns



Life event costing and cost benefit

- FAHCSIA homelessness grant
- Assignment of accurate number of events
- Assignment of accurate costs to all events
- CB against Integrated Services Program cost



Lifecourse pathway case studies:

revealed the negative compounding effects of unsupported disability and disadvantage needs and the creation of complex needs

for example:



Roy

30 year old Aboriginal man

ID & PD: easily led into offending

Very early police contact

Very early AOD use

Frequent JJ custody

Over 1400 days in adult custody

Over 100 days hospital for drug-related MH & self harm

Over 5000 days of methadone treatment.

Some Centrelink and Housing

No disability support

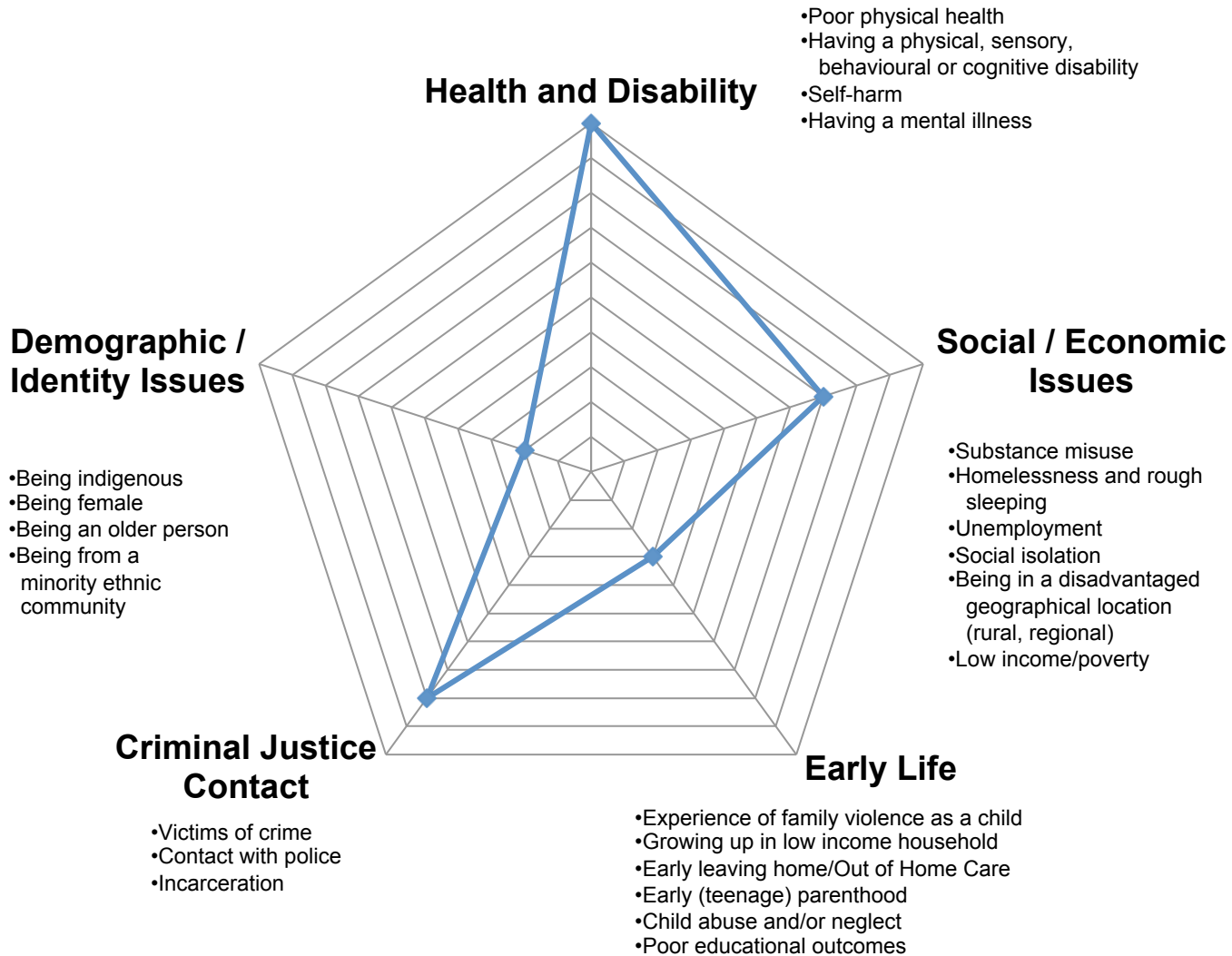


Roy Costs by age 30

| | |
|---------------------|--------------------|
| Police | \$395,461 |
| JJ | \$395,934 |
| Corrective Services | \$462,838 |
| Other agencies | \$704,056 |
| Total | \$1,958,291 |



Complex Needs



Other nested and related projects and analyses

Reports <http://www.mhdcd.unsw.edu.au>

- Foundation for Alcohol Research and Foundation reports
- Housing and Homelessness Report
- Community Services Report (OOHC, Community Justice Program, ADHC)
- NSW Dept of Justice Report - Crime Victimization Experiences
- Brain Injury Australia - Impact of ABI

Theses

- CJS staff understanding of offenders with MHDCD PhD thesis
- Aboriginal men police custody honours project
- Utilisation of Sec 32 PhD thesis
- Multiple and Complex support needs PhD thesis
- Aboriginal women with MHDCD PhD thesis
- Comparative analysis of offenders with ID/BID Masters Thesis

Other

- Information and advocacy packages for Aboriginal communities
- Continuing basis for further grant applications

Pathways into CJS:

Multi-factorial, multi-stage & negatively synergistic



What works: Appropriate support

- Evidence of intensive, relationship based early and 'in-time' support reducing CJS involvement for people with complex support needs.
- BUT
- Challenges in the NDIS era

