

THE IMPORTANCE OF MENTAL HEALTH AND ADDICTIONS IN INCARCERATED WOMEN'S POST-RELEASE TRAJECTORIES

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Findings from a Participatory Action Research Project

Acknowledgements

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□ Sponsors & supporting agencies:



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WOMEN'S HEALTH RESEARCH INSTITUTE
Women's health, women's lives

Background: Women Into Healing

- ❑ Started inside the walls of a B.C. provincial prison in 2005
- ❑ Women invited to join the research team as a work placement
 - ❑ Wrote their life stories
 - ❑ Researched their drug of choice
 - ❑ Wrote paragraphs of passion
- ❑ Approach
 - ❑ Participatory Action Research

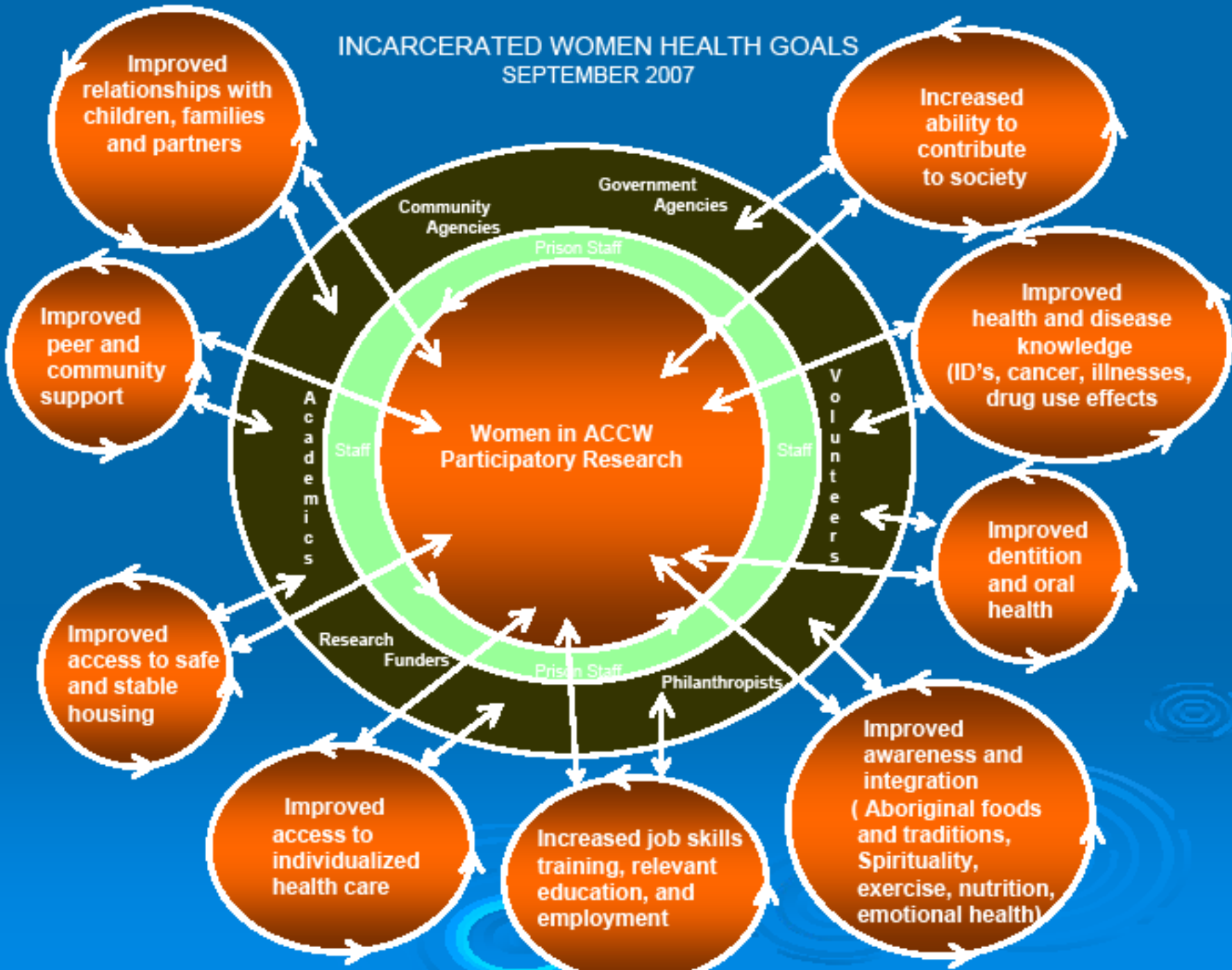


Participatory Action Research (PAR)

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- Differs from ‘traditional’ research:
 - Participants’ involvement not limited to role of research subject (Balcazar et al, 1999; Campbell et al., 1999)
 - Academic researchers engage in “systematic investigation, with the collaboration of those affected by the issue being studied” (Frankish et al., 1997; Israel et al., 2000)
- Emphasis on participants ‘owning’ research process & use of results to improve quality of life (Macauley et al., 1999)

INCARCERATED WOMEN HEALTH GOALS SEPTEMBER 2007



Improved relationships with children, families and partners

Increased ability to contribute to society

Improved peer and community support

Improved health and disease knowledge (ID's, cancer, illnesses, drug use effects)

Improved access to safe and stable housing

Improved dentition and oral health

Improved access to individualized health care

Increased job skills training, relevant education, and employment

Improved awareness and integration (Aboriginal foods and traditions, Spirituality, exercise, nutrition, emotional health)

The Present Study

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- 'Doing Time' project
 - Academic researchers, community advocates/outreach workers & formerly incarcerated women working together to understand factors that contribute to physical, spiritual, emotional & psychological health
 - Overall goal:
 - To develop a community health action strategy to support (re-)integration into society

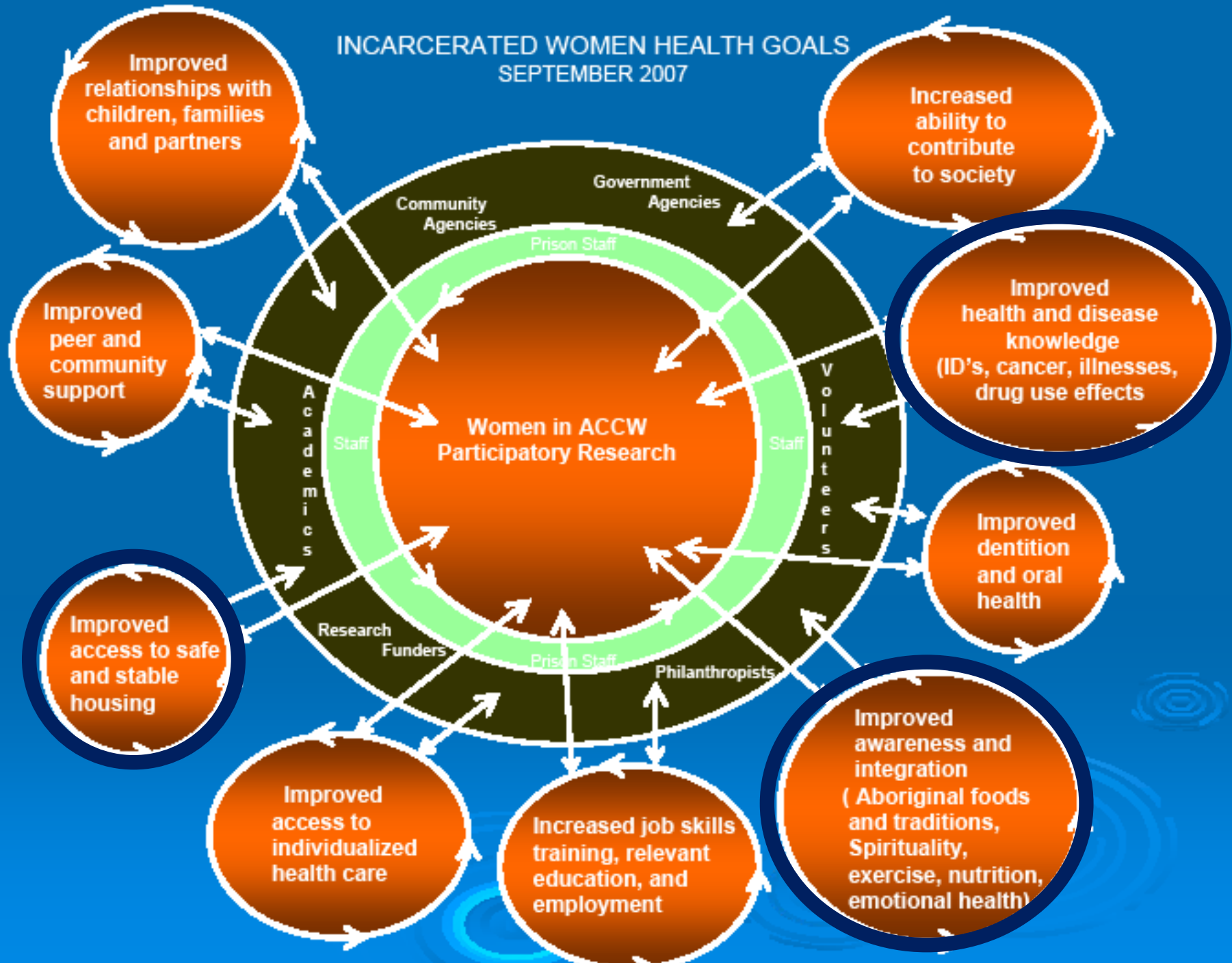


Substance Use & Mental Health

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- High prevalence of substance use & mental health conditions among incarcerated women:
 - $> 2/3$ incarcerated women have abused substances (Correctional Services Canada, 2002)
 - $> 3/4$ have lifetime diagnoses of mental disorders (Farkas & Hrouda, 2007)
- High rate of co-occurrence
 - $3/4$ with severe mental disorders also met criteria for substance use disorder(s) (Abrams et al., 2003)

INCARCERATED WOMEN HEALTH GOALS SEPTEMBER 2007



Research Questions

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1. What is the importance of addictions & mental health conditions in incarcerated women's post-release trajectories
 - Prevalence (history & post-release)?
 - Roles in post-release outcomes (housing & recidivism)?
2. What is the feasibility of the PAR approach for studying forensic mental health issues?

Study Population

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- Women within 12 months of release from correctional institutions in British Columbia, Canada.
- Sample Characteristics:
 - Individual Variables
 - M Age
 - 33.34 years ($SD = 9.57$)
 - Range = 18-57
 - 41% Aboriginal
 - 65% single
 - 78% have children
 - 63% < high school education
 - Criminogenic Variables:
 - M Incarceration Length
 - 71.89 days ($SD = 103.20$)
 - Range = 3 - 863
 - Index offences
 - 45% violation of conditions
 - 35% drug charge
 - 62% medium security at release

Procedures

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- Training
 - 'Traditional' & peer training
- Semi-structured Interviews
 - Developed through iterative, participatory approach
 - Ideally, within 1 week of release & at 3-month intervals for 1 year post-release
- As of May 2009:
 - Baseline interviews conducted with 112 women
 - At least 1 follow-up conducted with 30 women
 - $M = 151.67$ ($SD = 77.48$; Range 65-356) days since release

History of Addictions & Mental Health

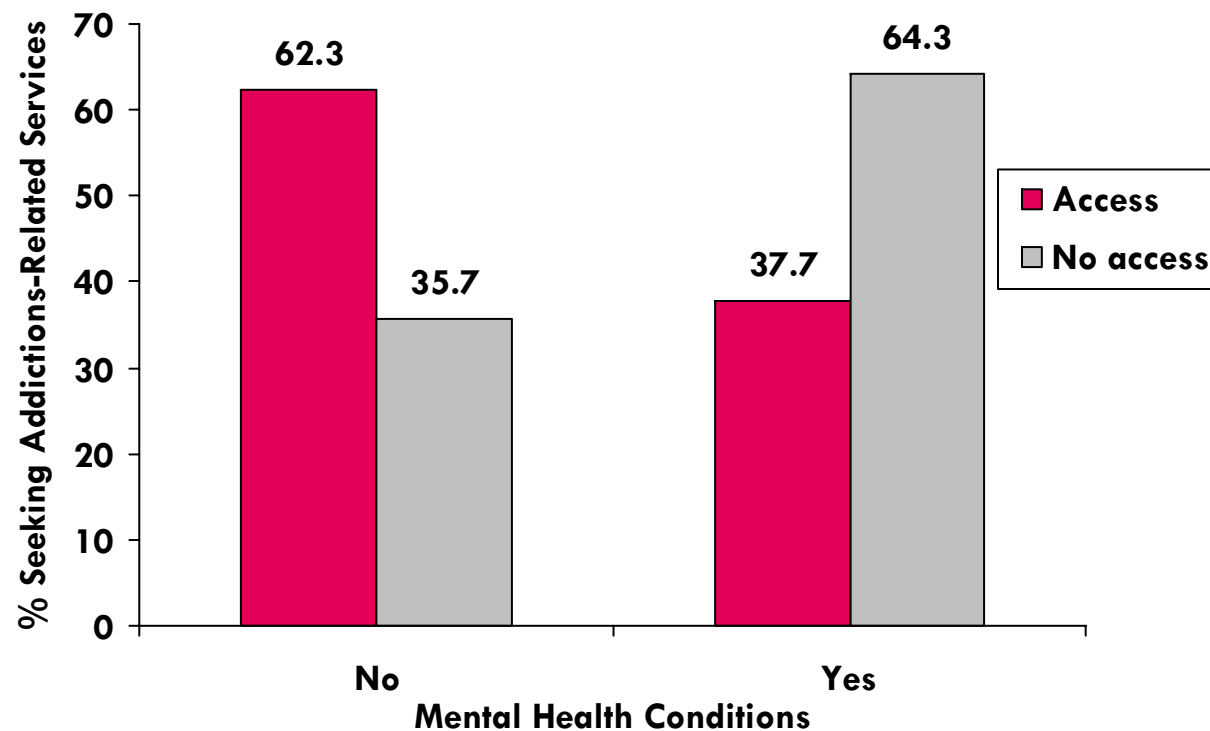
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- 80% ($n = 90$) history of substance use
- 38% ($n = 43$) history of mental health conditions
 - 2nd most commonly reported health condition
 - After Hepatitis C (53% $n = 59$)
 - Depression (28%, $n = 31$), anxiety (27%, $n = 30$), & bipolar disorder (9%, $n = 10$) most prevalent
 - 24% ($n = 27$) multiple (2+) conditions
- 37% ($n = 41$) co-occurring substance use & mental health condition(s)

Post-Release Plans

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- Frequently (48%, $n = 53$) included accessing addictions-related services
 - Especially among women with mental health conditions:



$\chi^2(1) = 7.41, p < .01, \phi = .26$

Status at Follow-up (N = 30)

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- Substance Use
 - 57% ($n = 17$) used drugs or alcohol in past 3 months
 - 67% ($n = 20$) 'clean' at follow-up
- Mental Health
 - 50% ($n = 15$) treated in past 3 months
 - 67% of these women had used in past 3 months
- Housing
 - 37% ($n = 11$) in recovery houses
 - 13% ($n = 4$) homeless
- Employment
 - 72% ($n = 21$) accessing social assistance
 - 17% ($n = 5$) employed
- Recidivism
 - 20% ($n = 6$) engaged in criminal activity (un/known)
 - 27% ($n = 8$) had 'altercations with the law'
 - 10% ($n = 3$) received new charges

Role of Addictions & Mental Health

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□ Post-Release Housing

- All women who were homeless had used drugs and/or alcohol in past 3 months, $p = .09$
- Mental health conditions
 - 2x increase in homelessness (17% vs. 8%), *n.s.*
- Concurrent substance use & mental health
 - 5x increase in homelessness (27% vs. 5%), *n.s.*

Notes. Values are for Fisher's Exact Test.

Role of Addictions & Mental Health II

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□ Recidivism

□ Substance use in past 3 months

- 9x increase in recidivism (90% vs. 10%), $p = .01$

□ Mental health conditions

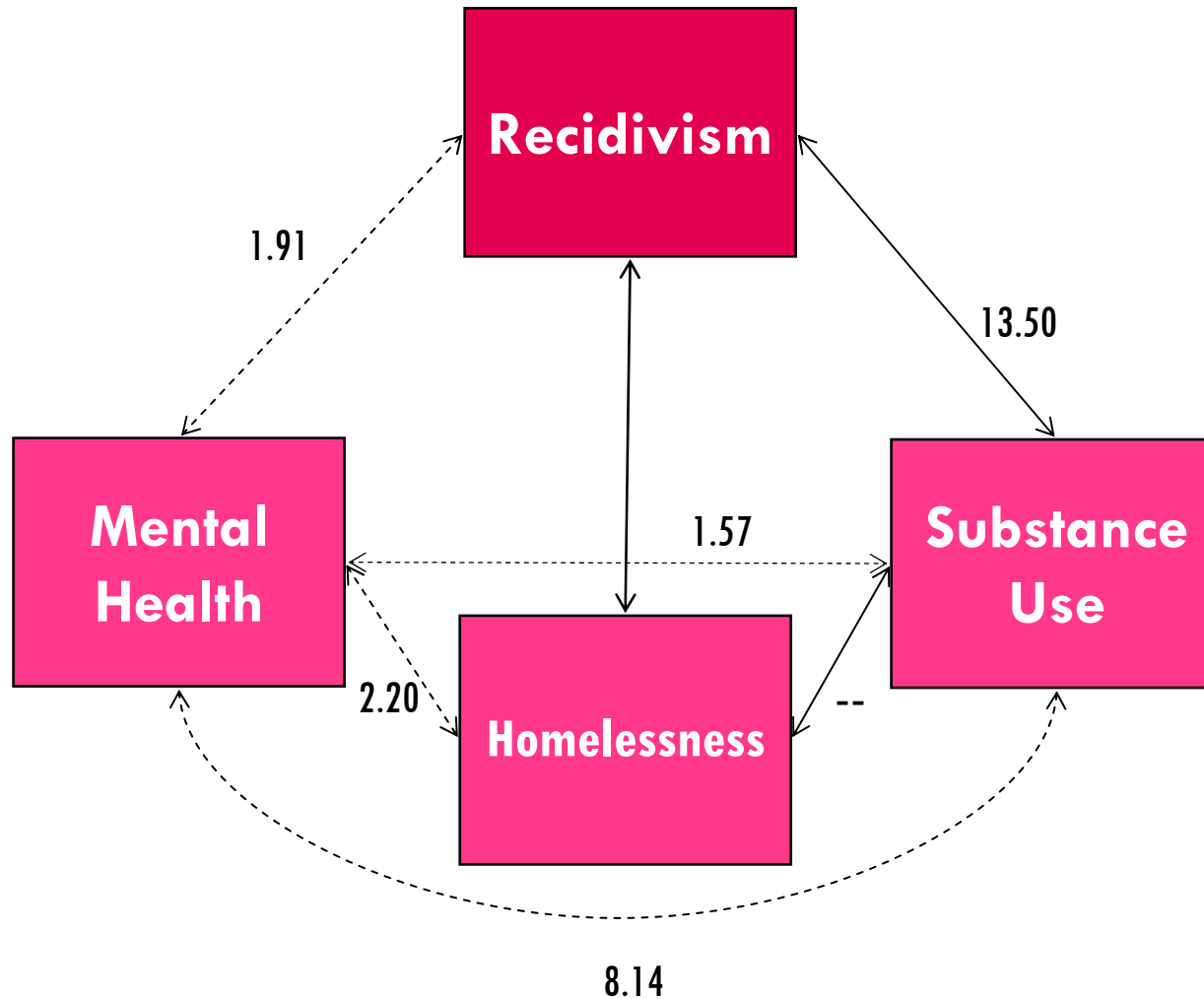
- 2x increase in recidivism, (70% vs. 30%), *n.s.*

□ Substance use in past 3 months & mental health

- 1.5x increase in recidivism (60% vs. 40%), $p = .07$

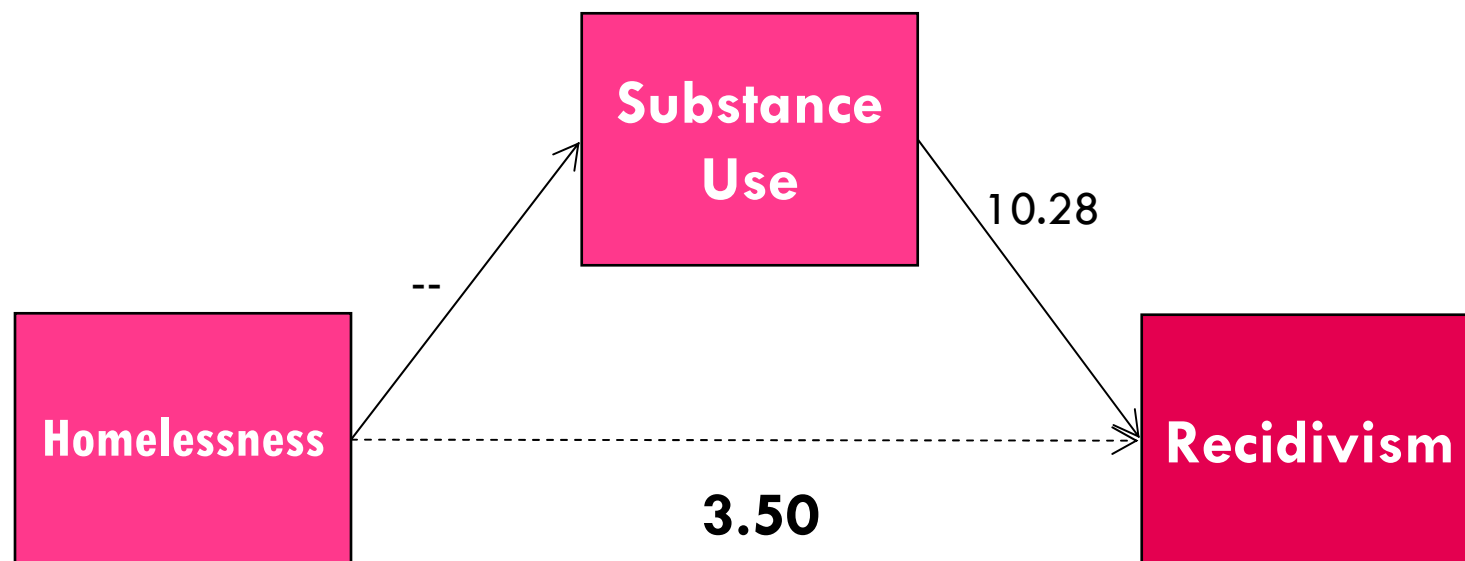
Notes. Values are for Fisher's Exact Test. Recidivism includes criminal activity & criminal justice contact.

Possible Pathways to Recidivism



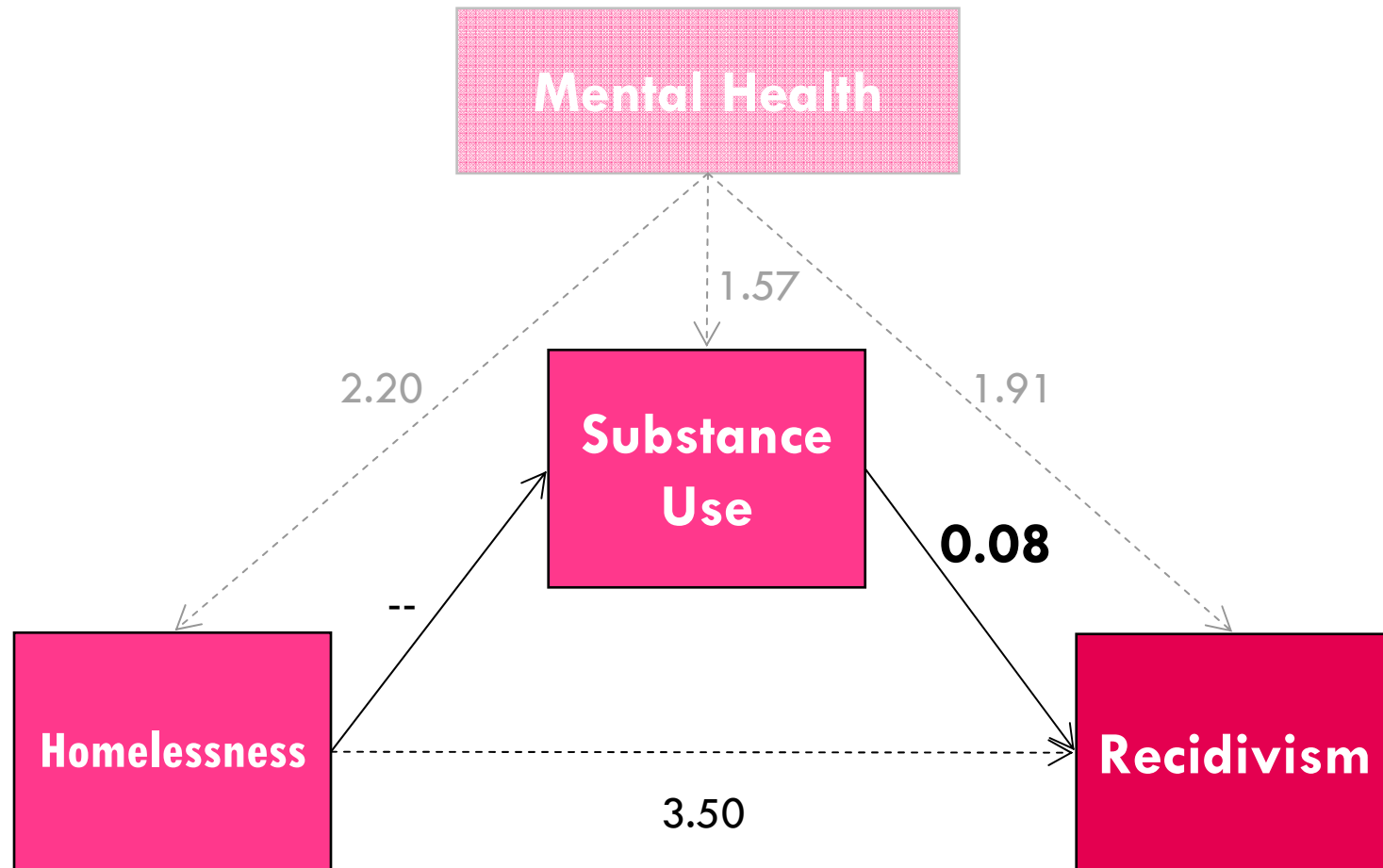
Notes. Values are Odds Ratios. -- statistic could not be calculated. Solid lines are significant associations.

Mediational Role of Substance Use



Notes. Values are Odds Ratios. -- statistic could not be calculated. Solid lines are significant associations.

(In)Direct Effects of Mental Health



Notes. Values are Odds Ratios. -- statistic could not be calculated. Solid lines are significant associations.

Summary of Findings

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- Vast majority reported substance use
 - Considerable overlap
- High prevalence of mental health conditions
 - Substantial minority reported multiple conditions
- Evidence for importance in women's post-release trajectories
 - Risk factors for homelessness & recidivism
 - Direct & indirect effects

Discussion

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- Support for feasibility of PAR approach
- Challenges
 - Small follow-up sample size
 - Reasons for attrition?
 - Locating & maintaining contact with women
 - Selection bias?
 - Self-report vs. official records
 - Mental health diagnoses vs. symptoms

Future Study Directions

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- Ongoing data collection
 - Enrollment
 - Follow-up
 - Reasons for attrition
- Post incarceration syndrome?
- Model development/validation
- Development of health action strategy for incarcerated & transitioning women

Thank you!

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- Doing Time website:

<http://www.womenin2healing.org/doingtime/doingtime.html>

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