MENTAL HEALTH COMORBIDITY IN A CANADIAN COURT

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ABSTRACT

OBJECTIVE
To assess the level of mental health co-morbidity in a Canadian criminal Court.

STUDY DESIGN
Prospective data was collected from publicly available information in a Canadian court which was coded for the presence or absence of identified mental health concerns.

PLACE AND DURATION
The study took place in Kingston, Ontario, Canada at it criminal court over a course of 3 months.

SUBJECTS AND METHOD
The subjects were all criminal offenders in a Guilty Plea Court over the course of 3 months.

RESULTS
Of the 79 cases, 24 individuals attending guilty plea court were identified as presenting with mental illness (with the most prominent concerns being Major Depressive Disorder, Anxiety Disorders, Bipolar Disorder, and Post-traumatic Stress Disorder), while the remaining 55 individuals were not identified as presenting with mental health concerns.

CONCLUSION
This investigation provides an initial look at the need for a mental health court in southeastern Ontario. The findings suggest that a sizeable proportion of individuals coming into contact with the law are indeed affected by mental health concerns, and moreover, that these individuals differ in their presentation from those without mental health concerns

KEYWORDS
Mental Health, Court, Mental Disorder

INTRODUCTION

Over the past two decades, Canada has seen a rapid growth in problem-solving courts. Such courts are predicated on the rationale that certain populations of individuals who come into contact with the law do so not out of choice, but because of personal circumstance. One prominent example of a problem-solving court is the mental health court. These courts represent an acknowledgement of the role that mental health may play in criminal involvement, and moreover, the idea that individuals with mental health concerns present with unique risks and needs that are poorly addressed through jail sentences. Accordingly, the goal of the mental health court is to connect persons with mental health concerns who come into contact with the law with appropriate treatment and rehabilitation.[1]

However, despite the proliferation of mental health courts—and indeed, 19 of these courts have been established in Ontario, Canada since 1997[2]—minimal work has been done to evaluate the effectiveness of, or even the need for, these courts in Canada. Instead, much of the empirical evidence supporting the continued implementation of mental health courts originates from the United States.[3] While these investigations have generally yielded positive outcomes,[2,3,4] researchers nonetheless warn that the magnitude of the growth of mental health courts in North America is disproportionate with the fledgling empirical support currently available. A continuous research in this area is needed.

Accordingly, the current investigation serves as a preliminary look into the needs of individuals in contact with the law in southeastern Ontario, Canada. At the time of the writing of this report, no mental health courts had yet been established in the region. We sought to assess the need for such a court by reviewing some key demographics in a sample of offenders in a 'guilty plea' court.

SUBJECTS AND METHOD

To this end, data from the guilty plea court was collected over the course of several months. The data was publicly available and therefore university ethics, though enquired, was not required. At the completion of data collection, information from 79 court cases had been documented. These cases were coded for the presence or absence of identified mental health concerns, and subsequent analysis was conducted to discern whether mental health status could predict the type and severity of charges accrued.

RESULTS

Of the 79 cases, 24 individuals attending guilty plea court were identified as presenting with mental illness (with the most prominent concerns being Major Depressive Disorder, Anxiety Disorders, Bipolar Disorder, and Post-traumatic Stress Disorder), while the remaining 55 individuals were not identified as presenting with mental health concerns. To be sure, this does not preclude that those in the latter category did not have any mental health concerns; however, that these 55 individuals' mental health were not discussed or raised at any point during the court proceeding suggests that all parties did not believe mental health to have factored into their criminal involvement. The two groups did not differ with regard to age, t(77) = -.87, p> .05 or number of jail days given in the subsequent disposition, t (76) = -.51, p> .05.

Across the 79 cases, seven distinguishable categories of offences emerged. These were: violent violations (i.e., assault, robbery, etc. were 10%), property crime violations (i.e., mischief, theft, etc. were 19%), traffic violations (i.e., driving under the influence, dangerous operation of a motor vehicle, etc. were 22%), drug violations (i.e., drug trafficking, possession charges, etc. were 10%), mixed (a case in which two or more of the aforementioned categories of offences were perpetrated; 15%), administration of justice violations (i.e., failure to comply with or breach of legal conditions; 18%), and other (miscellaneous category for offences not included in above; examples in the dataset included possession of weapons, impersonating a peace officer, and fraud, 6%). The distribution of these types of offences for the overall sample, as well as sorted by mental health status, are presented in Table 1 below.

Table 1
Distribution of offence type

	No Mental Illness	Mental Illness	Total
Violent Violations	4	4	8
Property Crime Violations	9	6	15
Traffic Violations	16	1	17
Drug Violations	8	0	8
Mixed (First 4 Categories)	5	7	12
Administration of Justice Violations	10	4	14
Other Violations	3	2	5

Note: Cases categorised in the administration of justice violation category were only for cases in which individuals were pleading guilty only to such charges. That is, if someone was pleading guilty to a failure to comply charge in addition to another type of charge, they were coded under the latter. This was done for the sake of simplicity.

Since we were interested in whether mental health concerns do manifest differentially among those involved with the law, we wanted to discern whether those with identified mental illness committed different types of crimes than those not identified to have mental illness. Given that several of the cells, however, were quite small, the assumptions necessary for a Pearson chi-square test were violated. A likelihood ratio chi-square test was instead used. The results of this test suggested that there was indeed a relationship between mental health status and offence type, $\chi 2(6) = 18.35$, $p = .005$.

Finally, we performed a binary logistic regression to evaluate the extent to which mental health status (i.e., presence or absence of mental illness) could be predicted by an individual's gender, the presence or absence of a prior criminal history, the presence or absence of substance abuse difficulties, whether the current charges included at least one violent violation (i.e., assault, robbery, etc.), and whether the current charges included at least one administration of justice violation (i.e., failure to comply with legal conditions, breaches of conditions, etc.).

The results of the regression are presented in Table 2. The specified combination of predictor variables was found to be significant, $\chi 2$ (5) = 18.91, $p = .003$, and explained 30% (Nagelkerke $R^2 = .30$) of the variance in mental health status among the 79 individuals in our sample. This model correctly classified 77.2% of the cases; this is in contrast to 69.6% with the null model.

However, the significant overall model was revealed to be driven primarily by two significant predictors: gender, and current violent charges. Specifically, female individuals who attended guilty plea court were 10.87 times more likely to present with mental illness than males, B = -2.28, Wald's $\chi 2$ (1) = 12.28, p< .001, eB = 0.09. In addition, individuals who had current violent charges were 4.76 times likely to present with mental illness in contrast to individuals attending guilty plea court for non-violent charges, B = -.156, Wald's $\chi 2$ (1) = 4.78, p = .029, eB = 0.21.

Table 2
Results of logistic regression analysis

	B	SE	Wald's χ^2	Odds ratio (e^B)	95% CI
Gender	-2.38	0.68	12.28**	0.09	0.24 - 0.35
Prior criminal history	-0.46	0.72	0.40	0.63	0.16 − 2.59
Substance abuse difficulties	0.28	0.60	0.26	1.33	0.41 − 4.27
Current charges: violence	-1.56	0.71	4.78*	0.21	0.05 − 0.85
Current charges: breaches	0.32	0.61	0.28	1.38	0.42 − 4.58

Note. *p< .05, **p< .01

DISCUSSION

This investigation provides an initial look at the need for a mental health court in southeastern Ontario. The findings suggest that a sizeable proportion of individuals coming into contact with the law are indeed affected by mental health concerns. Moreover, these individuals differ in their presentation from those without mental health concerns. Specifically, it appears that the influence of mental health on

criminal involvement may be particularly pertinent for females in the justice system. The presence of mental health concerns, regardless of gender, was also associated with a higher likelihood of engagement in violent offences. These findings are notable, as they suggest that individuals with mental health concerns coming into contact with the law are indeed a distinct population of individuals who are likely to present with unique risks and needs. Accordingly, the data supports the establishment of a mental health court in southeastern Ontario to better serve this population.

However, this study is not without limitations. First and foremost, while using the guilty plea court as a proxy for all criminal involvement presented as the most feasible avenue for data collection, we acknowledge that it is an imperfect representation. There indeed appear to be certain offences that would be difficult to take to trial, and thus be likely to result in a guilty plea. For example, in our current dataset, traffic violations account for 22% of the 79 cases; this is an over representation, as Canadian statistics suggest that traffic violations accounted for only 10% of all cases dealt with in criminal court between 2014-2015.[5] This over representation is not altogether surprising, as it would presumably be difficult to argue against or deny a measurement of blood alcohol concentration. Nonetheless, despite this limitation, we argue that the data on the ratio of those presenting with mental health concerns against those who do not is more informative than the overall frequency of a given offence type.

In addition, the brevity of guilty plea court proceedings did not allow for a detailed picture of a given individual's mental health concerns; indeed, for several cases, this brevity was such that an individual was merely identified as having mental health concerns without further elaboration of what these concerns were. As such, we cannot presently comment on whether specific mental health diagnoses are differentially implicated in criminal involvement. Reinvestigation, with an emphasis on gleaning more detail about one's mental health presentation, will be prudent.

CONCLUSION

In conclusion, everything taken together, the current study highlights the need and utility for mental health courts. We offer empirical evidence of such a need, and add to the slowly growing—and altogether much-needed—body of literature surrounding mental health courts in Canada. This study can also serve to stimulate similar research in a Pakistani Court.

Ethical Approval

Not required, this is public information and patient identifying information was not used.

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