

Conditional Release and Offenders with Mental Disorders

A recent Correctional Service of Canada study indicates that when it comes to conditional release, mentally disordered offenders are treated more restrictively than offenders without mental disorders. Is this because they are more likely to reoffend?

Conditional release is perhaps the most important issue in examining the correctional system's response to mentally disordered offenders. It has not been clearly demonstrated that mental disorder is, in and of itself, a prominent and reliable predictor of recidivism. Without such a connection, the question remains: are offenders with mental illnesses given equal opportunities for release under community supervision?

This study contrasted a sample of 36 male federal offenders who were diagnosed as having experienced a serious mental disorder⁽¹⁾ with a matched group of 36 similarly situated offenders without mental disorders. Offenders were diagnosed using an interviewing instrument called the Diagnostic Interview Schedule;⁽²⁾ it was part of a national study on mental health problems within the Canadian federal correctional system.⁽³⁾

Apart from factors controlled in the matching process (such as age, nature of current offence and sentence length), the two groups also had similar criminal histories and levels of involvement in institutional incidents.

Follow-up information on the offenders was gathered over a period of approximately four years.

Release

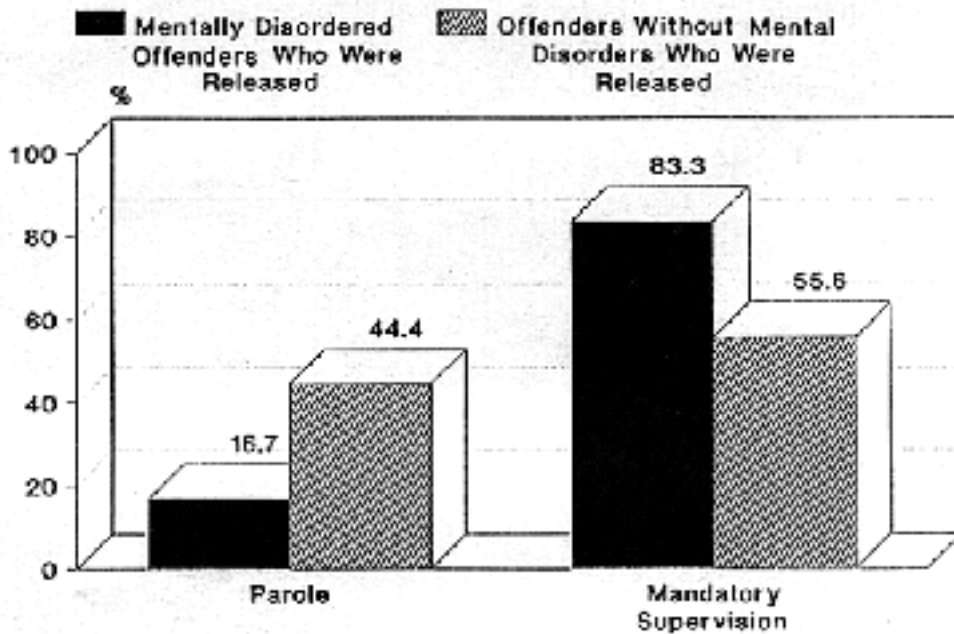
In Canada, offenders are conditionally released from federal institutions on either parole (about 40% of offenders) or mandatory supervision (about 60%). Parole is dependent on eligibility requirements and is granted at the **discretion** of the National Parole Board, whereas mandatory supervision typically occurs after two thirds of the sentence is served. Figure 1 shows the patterns of release from federal custody for both the nondisordered group and the group of offenders with mental disorders.

During the four-year follow-up, almost as many of the mentally disordered offenders (67%) were released as those without mental disorders (75%). But, as a group, offenders with mental disorders were much more likely to be released on mandatory supervision, while the offenders without mental disorders were released more often on parole.

Although the differences are not significant, there was also a tendency for mentally disordered offenders to serve more time before release and a greater proportion of their sentence.

Figure 1

Figure 1
Type of Release by Offender Group



Postrelease Outcome

Four outcome measures were used to conduct a postrelease follow-up of the two groups: suspension warrant executed, readmission to federal custody, readmission with a new offence and readmission with a violent new offence. Two follow-up periods (6 and 24 months) were used to examine both early and later postrelease performance.

As shown in Figure 2a, there were no significant differences between the two groups during the first six months of conditional release. There was a trend, however, for more of the offenders without mental disorders to be returned to custody for a new offence or a new violent offence.

Twenty-four months after release, the mentally disordered offenders were now significantly more likely to have their conditional release suspended, and the offenders without mental disorders were more likely to be returned to federal custody for a new offence (see Figure 2b).

Upon closer examination, the largest proportion of the mentally disordered offenders (85.7%) were readmitted for revocations without a new offence, while the largest proportion of the offenders without mental disorders (54.5%) were readmitted for new offences.

Predictive Factors

Next, the study looked at factors that could possibly predict postrelease outcome (such as age, conviction history and other mental disorders) and at whether the same factors would apply to both groups. The table lists the factors that were considered.

The only factor significantly related to readmission to custody for the mentally disordered offenders was the number of previous convictions. No factor was significantly related to readmission for the offenders without mental disorders.

Combined with the finding that offenders with mental disorders were readmitted disproportionately without a new offence, this suggests that when an offender has a long criminal history and there is evidence of mental disorder, conditional release may be more readily revoked.

Figure 2a

Figure 2a
Recidivism Six Months After Release

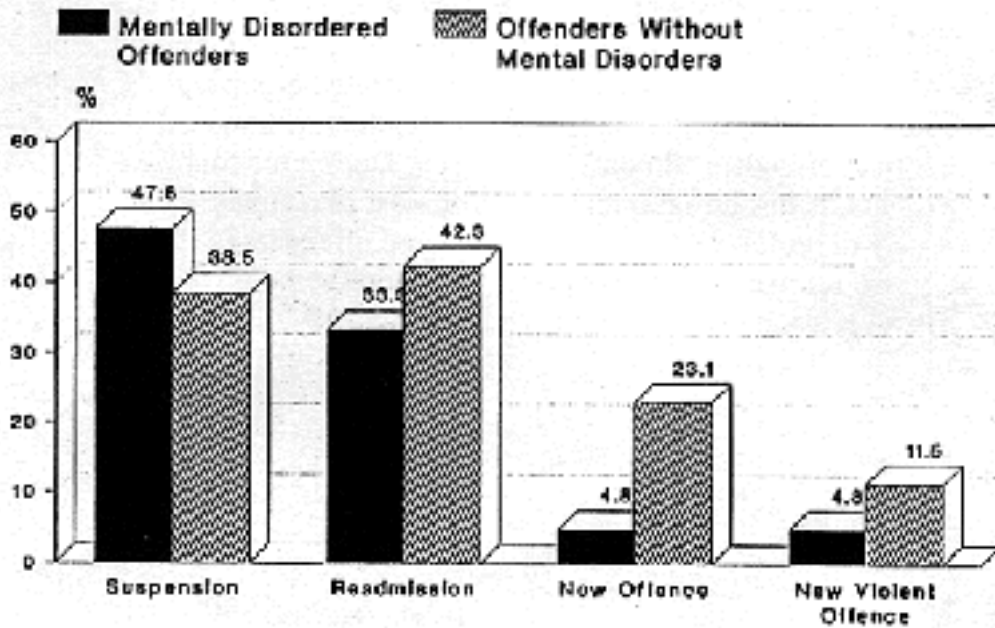
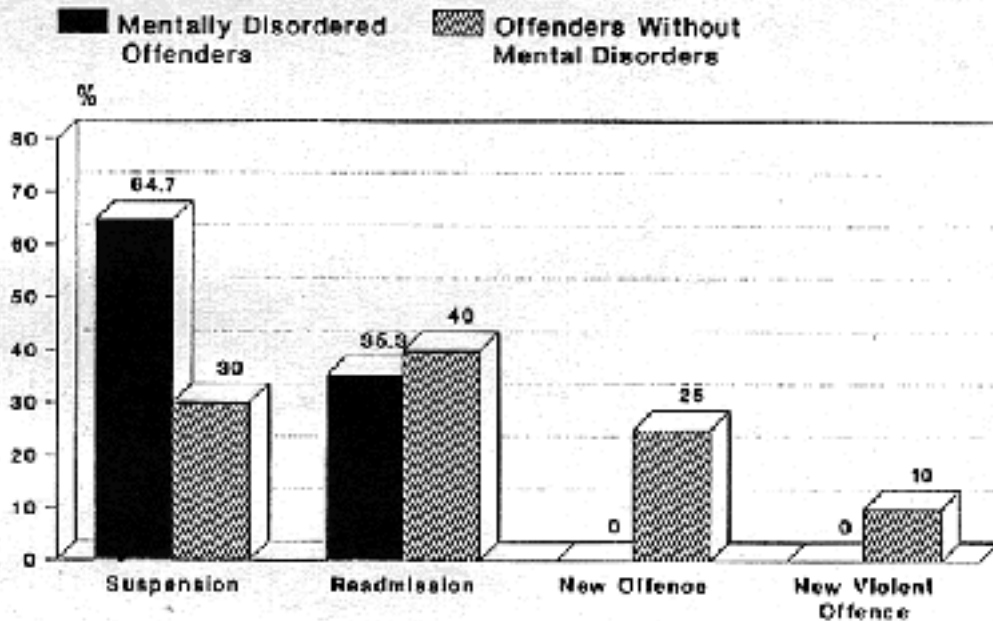


Figure 2b

Figure 2b
Recidivism 24 Months After Release



Other Disorders

The presence of other disorders assessed in the mental health survey, including antisocial personality disorder (APD), was generally not found to be related to postrelease outcomes.

This was explored further using a set of analysis to examine offenders in both groups who were diagnosed with APD and alcohol and/or drug dependence. About 36% of the offenders without mental disorders and 58% of the mentally disordered offenders had both these conditions.

If only release is examined, the pattern was similar within the two groups. Offenders showing evidence of APD with alcohol and/or drug dependence were as likely to be released into the community as those who did not.

But when readmissions were examined, different patterns emerged. APD, with or without alcohol and/or drug dependence, clearly distinguished the offenders without mental disorders as a higher risk for readmission to custody.

The pattern was unclear for the mentally disordered offenders. This may be because the offenders with mental disorders were being returned to custody for violations of supervision conditions, not because of new offences. Their likelihood of being reincarcerated was more highly correlated with criminal history than with evidence of APD, which is generally predictive of risk.

Discussion

Despite the similarities of age, nature of offence and criminal history between the two groups of

offenders in this study, the mentally disordered offenders were given fewer opportunities for early release on full parole. (Instead, they were more often released on mandatory supervision.)

Once released, they were also significantly more likely to receive suspension warrants or have their release revoked without committing a new offence. (The revocations were issued for failing to abide by supervision conditions.)

This cautious management of mentally disordered offenders becomes even more noteworthy when release outcomes are examined; offenders **without** mental disorders were more likely to commit a new offence while on conditional release.

One possible explanation is that there may be a biased presumption of greater risk for mentally disordered offenders, particularly for those who also have a long criminal record. Some support for this is found in the significant relationship between the number of previous convictions and the likelihood of readmission to custody for mentally disordered offenders. Such a correlation does not exist for offenders without mental disorders.

The combination of a mental disorder and a long criminal record seems to be interpreted by parole supervisors as warranting special attention and revocation of conditional release at the earliest sign of breakdown.

A biased presumption of greater risk would also explain the National Parole Board's hesitancy to release mentally disordered offenders on full parole.

Another explanation is that specialized mental health services, which may give correctional staff more confidence in managing mentally disordered offenders, are often simply unavailable. With few alternatives available for support and ongoing monitoring, correctional staff are more cautious. Similarly, the National Parole Board would demand evidence of availability of mental health services. Offenders with mental disorders may be deemed unsafe for release without such services.

To become better equipped to deal with mentally disordered offenders, the criminal justice system must work toward co-ordinating a network of specialized services which target the needs of these offenders. The use of incarceration as a cautious, but more restrictive, option might then be minimized.

F.J. Porporino and L.L. Motiuk, "The Prison Careers of Mentally Disordered Offenders," *International Journal of Law and Psychiatry*, in press.

(1) *Three serious mental disorders were included in this study: a manic episode, schizophrenia and schizophrenia form disorder. Only those offenders meeting stringent diagnostic criteria for at least one of these disorders were included in the mentally disordered group.*

(2) *This instrument, developed by the National Institute of Mental Health (Robins and Helzer, 1985), adopts objective diagnostic criteria described in the Diagnostic and Statistical Manual (DSM III) of the American Psychiatric Association (1980).*

⁽³⁾See *L.L. Motiuk and F.J. Porporino, The Prevalence, Nature and Severity of Mental Health Problems Among Federal Male Inmates in Canadian Penitentiaries, Report No. 24 (Ottawa: Research and Statistics Branch, Correctional Service of Canada, 1991).*