Forecasting Recidivism in Mentally Ill Offenders Released From Prison

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Little research has focused on assessing the risk of mentally ill offenders (MIOs) released from state prisons. Here we report findings for 333 mentally ill offenders released from Washington State prisons. Logistic regression identified sets of variables that forecasted felony and violent reconviction as accurately as state-of-the-art risk assessment instruments. Sums of simple recoded versions of these variables predicted reoffense as well as complex logistic regression equations. Five of these 9 variables were found to be relative protective factors. Findings are discussed in terms of the value of stock correctional variables in forecasting risk, the need to base actuarial risk assessments on local data, the importance of protective factors in assessing MIO risk, and the need for dynamic, situational, and clinical variables that can further sharpen predictive accuracy of emergent risk in the community.

KEY WORDS: mentally ill offenders; recidivism; prediction.

The last two decades have witnessed a surge of interest in whether mentally ill persons pose an increased risk of dangerousness, and how to best assess and manage that risk. Although there has been a spate of research on the dangerousness of the mentally ill (Hodgins, 1993; Link & Stueve, 1994; Martel, Rosner, & Harmon, 1995; Otto, 1992, 1994, 2000; Swanson, Holzer, Ganja, & Jono, 1990), on factors associated with risk in mixed populations of mentally disordered and nondisordered offenders (Quinsey, Harris, Rice, & Cormier, 1998; see Harris, 2000 for review), in

1 An earlier partial analysis of the recidivism data was included in a more general report on the Community Transitions Study in Psychiatric Services, 53 (10), 1290–1296. Some of these findings were also presented at the National Association of State Mental Health Program Directors Forensic Division Conference, September 24, 2002, Seattle, Washington and at The American Psychology Law Society Biennial Conference, March 9, 2002, Austin, Texas.
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populations of civilly committed persons (Monahan et al., 2001), in inmates released from maximum security hospitals (Quinsey et al., 1998; Villaneueve & Quinsey, 1995), or in undifferentiated populations of mentally ill offenders (MIOs; Bonta, Law, & Hanson, 1998), there has been comparatively little work on the risk of MIOs released from prisons. We have found only a handful of such studies.

There are good reasons for believing that mentally ill prisoners represent a different population than conditionally released insanity acquitted, involuntarily committed psychiatric patients, or offenders released from maximum security hospitals. Unlike most civilly committed patients, inmates have usually been imprisoned following conviction for a serious felony offense. Also, mentally ill prisoners usually have substantial criminal histories and are more likely than other inmates to have been incarcerared for a violent offense (Ditton, 1999). Furthermore, unlike MIOs in maximum-security hospitals, mental health treatment may not be readily available to MIOs in general prisons, and when provided it may be nominal or limited to managing acute psychiatric emergencies. Unlike treatment in state or private psychiatric hospitals, mental health treatment in prison is customarily not accredited by powerful regulatory bodies such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or Centers for Medicaid and Medicare Services (CMS; formerly the Health Care Financing Administration, HCFA). Moreover, unlike civilly committed persons, mentally ill prisoners are usually released without conditions such as improved mental functioning, decreased dangerousness, or the availability of a suitable less-restrictive placement. They are generally released under the authority of administrative boards or panels according to the legal conditions of their sentence, not on the basis of clinical judgment. Finally, and most important, civilly committed persons, insanity acquitted, and patients released from maximum security hospitals are usually released with a mental health aftercare plan involving substantial treatment in the community, whereas mentally ill prisoners may be released with little or no mental health aftercare planning or actual receipt of social services in the community (Lamb, Weinberger, & Gross, 1999).

Looking at published studies of the recidivism of mentally ill prisoners, Silver, Cohen, and Spodak (1989) reported a 5-year arrest recidivism rate of 73.3% for 135 MIOs released from Maryland state prisons compared to rates of 65.4 and 54.3% for nonmentally disordered prisoners \( n = 127 \) and persons acquitted by reason of insanity \( n = 127 \), respectively. Factors associated with recidivism were not reported. In a second study of mentally ill prisoners, Feder (1991a, 1991b) followed 147 MIOs released from New York state prisons into the community. She found that at 18 months postrelease 64% of the MIOs were rearrested and 48% were rehospitalized, compared with rates of rearrest and hospitalization of 60 and 1%, respectively for 400 non-MIOs. Status as an MIO was not associated with arrest recidivism; age at release and prior adult incarceration were the only variables significantly associated with new arrests for either group.

Although Jacoby and Kozie-Peak (1997) reported recidivism outcomes for MIOs released from prisons, their sample size was only 27 and their community follow-up interval was short, only 18 months. Nevertheless, they reported that 63% of the MIOs were rearrested and 33% rehospitalized during follow-up. In another small-\( N \) study, Wilson, Tien, and Eaves (1995) reported that of 59 MIOs released from prison, those