CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS

Prevalence of mental disorder among federal women offenders: Intake and in-custody

There are high rates of mental disorder among federal women offenders assessed at intake as well as in-custody.

Why we did this study

International and Canadian research has established a high prevalence of mental disorder among women prisoners, up to four times or more than the prevalence found in the general population. An estimated threequarters of women inmates have an alcohol/substance use disorder (e.g., Brown et al., 2018), and half or more of have a co-occurring mental disorder with substance abuse or personality disorder (e.g., Bebbington et al., 2017; Derkzen, Booth, McConnell, & Taylor, 2012). The current report compares and combines the results of the previously reported 2016 study of the prevalence of mental disorder among in-custody federal women inmates with the recent results of the 2017 intake sample of federal women inmates in order to provide a solid estimate of the prevalence of mental disorder among federally sentenced women in Canada.

What we did

Between February 25, 2016 – October 11, 2016 a total of 160 women in custody were interviewed on the SCID-I/NP and SCID-II (research versions of clinical interviews designed to assess symptoms of mental disorders described in the DSM-IV). Prevalence estimates were made of the lifetime and current diagnoses of the following disorders: 1) mood; 2) psychotic; 3) substance use; 4) anxiety; 5) eating; 6) pathological gambling; 7) Antisocial Personality Disorder (APD); and 8) Borderline Personality Disorder (BPD). Following the completion of the in-custody study, between October 11, 2016 – December 31, 2017, a total of 86 women recently admitted to federal custody also completed the SCID-I and SCID-II instruments.

For the purposes of analysis, and to more validly estimate the prevalence of mental disorder among the federal women, the in-custody and intake samples were combined into one sample (N = 246).

What we found

Results showed that more than three-quarters of women inmates had a lifetime or current mental disorder and at least two-thirds of the women reported symptoms consistent with a co-occurring mental disorder with

alcohol/substance use or borderline or antisocial personality disorder. More than half (52.0%) of the women in the combined sample report a lifetime major mental illness (either a psychosis, major depression or bi-polar disorder), and 17.9% have a current major mental illness. One-third (33.3%) of women with a current mental disorder have a Global Assessment of Function score ≤ 50, indicating serious impairment in psychological and social functioning. Indigenous women have the highest prevalence of mental disorder, and the most serious impairment in functioning.

Compared to the in-custody sample participants, women in the intake sample were similar in demographic and criminal history characteristics, but the prevalence of mental disorder among the intake sample participants was statistically significantly lower. This is consistent with other research that noted that in-custody prison populations include a higher proportion of long-term and higher risk offenders who are also more likely to have a higher prevalence of mental disorder compared to samples of recently admitted prisoners (e.g., Brown, Hirdes & Fries, 2013; Moffit et al., 2010; Stewart et al., 2010).

What it means

The results from the in-custody, intake and combined samples of federal women inmates confirm findings from international and other Canadian studies of a high prevalence of mental disorder posing a significant challenge to provision of effective treatment programs and services.

For more information

Brown, G.P., Barker, J., McMillan, K., Norman, R., Derkzen, D., Stewart, L.A., & Wardrop, K. (2018). Prevalence of mental disorder among federally sentenced women offenders: In-Custody and intake samples (Research Report R-420). Ottawa, Ontario: Correctional Service of Canada.

To obtain a PDF version of the full report, or for other inquiries, please e-mail the Research Branch or contact us by phone at (613) 995-3975.

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