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Justice involvement among homeless individuals with mental illnesses: Are self-report and administrative measures comparable?



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ABSTRACT

Individuals with mental illnesses who experience homelessness have frequent interactions with the criminal justice system. Correctly measuring this involvement is essential to develop and evaluate the efficacy of intervention programs. Criminal justice involvement is typically assessed through administrative records or self-reported accounts. The aims of this study are to: 1) assess agreement between self-report and administrative data related to court appearances, and 2) identify individual characteristics that affect discrepancies between sources. Participants were 468 homeless persons with mental illness from the Montreal site of the At Home/Chez Soi randomized controlled trial, in Canada. Self-reported data was collected through an interviewer-administered questionnaire. Administrative data was collected through provincial and municipal court databases. Overall, agreement was good. Discrepancies were more common among those with a diagnosis of mood disorder with psychotic features, and those with a criminal history. Increased age and interviewer's perception of sincerity and interest increased likelihood of concordance. Generally, high agreement between self-report and administrative data suggests that either source can provide reliable information. Further work to understand predictors of discrepancies could further enhance the quality of data collected through these different sources.

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1. Introduction

Adults living with mental illnesses and experiencing homelessness have high rates of criminal justice involvement, including lifetime arrest rates ranging from 63% to 90%, and lifetime conviction rates from 28% to 80% (Roy, Crocker, Nicholls, Latimer, & Ayllon, 2014). On a shorter time-span, 21% of homeless adults with severe mental illness and substance related disorders received a court summons over a two-year period (Calsyn, Yonker, Lemming, Morse, & Klinkenberg, 2005). These high rates of criminal justice involvement come at substantial cost for both the

public and homeless individuals who live with mental illnesses. Fist, criminal justice involvement is financially costly in and of itself in terms of police resources and judicial services: one court appearance in the city of Montreal, Canada, has been estimated to cost approximately 3072 \$CAD, which includes the cost of the court, the cost of legal aid which most homeless people benefit from, and the cost of prosecution (Ly, 2014). Second, justice involvement has also been shown to double the costs incurred by medical and psychiatric care for individuals living with mental illness (Swanson et al., 2013). Third, justice involvement is also a substantial barrier for individuals who are homeless and are diagnosed with mental illness when trying to reintegrate the labor market (Frounfelker, Glover, Teachout, Wilkniss, & Whitley, 2010; Poremski, Whitley, & Latimer, 2014). Obtaining valid estimates of criminal justice involvement for multiple service users (social, psychiatric and justice services) is therefore of interest for many stakeholders, be it for assessing the economic impact of such

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involvement or in order to develop and evaluate the efficacy of intervention programs.

1.1. Data sources on criminal justice involvement

Most studies measuring the cost of homelessness, including justice service use costs, originate from the United States and have estimated these costs through administrative data (Culhane, 2008). Crime rates are often measured by government agencies using police and victim-reported information, such as with the Uniform Crime Reporting Surveys in Canada and the United States (Federal Bureau of Investigation, 2015; Wallace, 2009), and the Crime Survey for England and Wales (Flatley, 2015). Therefore, administrative data are often viewed as the "gold standard" in terms of measuring service utilization.

Administrative data may not meet the needs of the individuals or organizations planning data collection due to cost, privacy restrictions, and administrative complexities when accessing the data. Furthermore, administrative data are by definition collected by organizations (usually governmental) for administrative purposes, such as keeping track of service utilization (Smith et al., 2013). Therefore, they may be missing key variables, including not identifying all types of criminal involvement (e.g., unreported criminal activity). On the other hand, using self-report data to measure criminal justice involvement can also be resource intensive and may suffer from certain limitations, such as telescoping (not assessing the time-frame accurately), memory decay, under-reporting associated to the stigma of criminal involvement, and, more generally, social desirability. Finally, although collecting data from multiple sources may seem ideal. there may be considerable overlap in the information, resulting in wasted efforts and resources (Steadman et al., 1998).

Studies comparing official and self-reported criminal involvement have found a good deal of agreement between the two sources in a wide variety of samples, such as adolescent offenders (Brame, Mulvey, Piquero, & Schubert, 2014), psychiatric inpatients (Convit, O'Donnell, & Volavka, 1990), and young adults from the general population (Babinski, Hartsough, & Lambert, 2001). Self-reported offence rates are often higher than those found in official records because not all criminal activity is processed through the criminal justice system (Farrington, Ttofi, Crago, & Coid, 2014; Steadman et al., 1998; Viljoen et al., 2012).

Positive bias, defined as greater frequency in self-reports when compared to administrative records, is less common when examining specific criminal justice interactions, such as arrests or jail stays (Clifasefi et al., 2011; Maxfield, Weiler, & Widom, 2000; Pepper & Petrie, 2003). This is because asking participants about justice service utilization, such as arrests, jails stays, or court appearances, rather than offending behavior, offers a more adequate comparison, as administrative data, by design, measures service utilization and not behavior.

Studies examining psychosocial and health care service utilization by homeless individuals with mental illnesses have generally found moderate to good agreement between the two sources (Bonin, Fournier, Blais, Perreault, & White, 2007; Calsyn, Allen, Morse, Smith, & Tempelhoff, 1993; Calsyn, Morse, Klinkenberg, & Trusty, 1997; Clifasefi et al., 2011; Gelberg & Siecke, 1997). While some studies exploring psychosocial service use have included certain aspects of justice involvement among their outcomes, they have captured it only as a dichotomous outcome (Calsyn et al., 1993; Clifasefi et al., 2011). Although simply knowing if an individual has offended or not is useful in certain instances, knowing the frequency and type of involvement is necessary in many other situations, such as in costing and assessing patterns of criminal justice involvement.

1.2. Factors that influence self-report

Many factors may influence the concordance between selfreported and administrative data concerning individuals who are homeless and are diagnosed with mental illness. For example, there is lower concordance for longer recall periods (i.e. 3 years versus 30 days) (Clifasefi et al., 2011). More severe mental illness (specifically bipolar disorder and schizophrenia), substance (cocaine) abuse or dependence, more advanced age, male gender. and non-white ethnicity were also associated with more discrepancy between self-reported and administratively recorded psychosocial service use (Pollio, North, Eyrich, Foster, & Spitznagel, 2006). Concordance is greater when reporting dichotomous answers ("Have you received a given service?") than when trying to quantify services ("How many health provider visits have you made?") (Bonin et al., 2007). When examining reporting of substance use, which could potentially be as stigmatizing as criminal involvement, misreporting was positively correlated to psychiatric symptomatology, but not to age, gender, minority status, and cognitive impairment (Goldfinger et al., 1996).

Further, cognitive abilities, perceived social desirability, type of utilization (stigmatizing or not), utilization frequency, and recent alcohol use were found to affect the accuracy of self-report in various populations (Bhandari & Wagner, 2006; Brown, Kranzler, & Boca, 1992). When examining reporting of offending behavior, type of offence (violent, property, drug related, etc.) was found to influence misreporting (Babinski et al., 2001; Farrall, 2005). Diagnoses (e.g. mental illness and substance-related disorders) were not found to be significantly related to validity of selfreported arrests in probationers, but criminal history (i.e. number of lifetime hospitalizations, total lifelong prison or jail time, and having been arrested as a juvenile) did predict discordant reporting (Nieves, Draine, & Solomon, 2000). Dishonesty has also been identified as significantly associated with greater concordance between self-reported and official life-time arrests in a 20-year cohort study (Forrest, Edwards, & Vassallo, 2014).

1.3. Aim

It is unclear if the self-reported justice involvement of individuals who are homeless and have mental illnesses is reliable, as there are no such studies among this population. Given the triple marginalization of this population (mental illness, justice involvement and homelessness), they may be perceived as less reliable by default, despite the lack of empirical support for such presumptions (Mills, Loza, & Kroner, 2003). Accordingly, the goal of this study is twofold: 1) to compare self-reported and administrative data pertaining to criminal justice involvement of men and women who are homeless and are diagnosed with mental illness; and 2) to explore participant characteristics associated with discrepancy between the two sources.

2. Method

2.1. Participants

Participants were recruited as part of the At Home/Chez Soi (AHCS) project, a pan-Canadian randomized controlled trial on Housing First (Goering et al., 2011) for homeless persons with mental illness. For the purpose of this study, a secondary data analysis was conducted using the Montreal site participants (*N* = 468). Inclusion criteria were: 1) legal age (18 years or older), 2) presence of a mental illness with or without concurrent substance abuse or dependence disorder, as assessed by consulting medical files and by interviewer screening using the Mini International Neuropsychiatric Interview (MINI; Lecrubier et al., 1997), which

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