



Research report

Predictors of criminal justice involvement in severe mania

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ABSTRACT

Background: Criminal justice problems among those with bipolar disorder lead to disruption in social functioning, treatment, and recovery. Understanding factors that contribute to arrest during episodes of illness can help inform approaches to risk management and improve clinical care.

Methods: Data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a longitudinal, nationally representative survey conducted in two waves were used to identify factors that predicted inter-wave criminal justice involvement during bipolar I manic episodes.

Results: Over 10% of respondents experienced legal involvement during their most severe manic episode. Risk was found in a range of historical, clinical, and contextual factors. Multivariate analyses suggest risk is particularly high for those who are unemployed, non-white, have past juvenile detention, have a prior arrest (while using substances or when manic), used an illicit drug in the past year, and whose mania is characterized by both social and occupational impairment. Legal problems were particularly elevated among those who lacked health insurance while experiencing both social and occupational impairment.

Limitations: Respondents did not include prisoners and hospital inpatients; criminal justice problems were only assessed with regard to the most severe manic episode.

Conclusions: The particular array of factors that elevate the risk of legal involvement during manic episodes offers guidance when identifying prevention strategies and evaluating patients in clinical and forensic settings. Reducing such involvement will require that these issues be dealt with in the broader context of mental health and other services, which in turn necessitates providing adequate access to healthcare.

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1. Introduction

Criminal justice problems among individuals with bipolar disorder constitute a major concern as they lead to disruption in social connections, treatment, and recovery. Compared to the general population, persons with bipolar disorder have nearly five times the rate of arrest (Calabrese et al., 2003), twice the rate of violent crime convictions (Fazel et al., 2010), and greater than three times the risk of experiencing four or more incarcerations, higher than any other major psychiatric disorder (Baillargeon et al., 2009).

Legal involvement in patients with bipolar disorder has been associated with several factors, including more frequent hospitalizations but less overall treatment (Quanbeck et al., 2004, 2005a), a greater number of manic or depressive episodes (Swann et al., 2011), a history of childhood trauma (Lu et al., 2008), or attempted suicide (Swann et al., 2011), and being male or unmarried (Graz et al., 2009; Quanbeck et al., 2005b). Criminal justice concerns occur more often in the context of mania than other phases of bipolar illness (Quanbeck et al., 2004; Swann et al., 2011; Graz et al., 2009; Yoon et al., 2012), with legally-involved manic episodes more likely to be characterized by social indiscretions, excessive spending or reckless driving, and social and occupational impairment (Christopher et al., 2012). Co-morbid substance use can compound the problems of individuals with bipolar disorder, including legal difficulties. Although one study concluded that the number of lifetime manic episodes and hospitalizations better accounted for the risk of arrest than other clinical variables,

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including substance abuse (Solomon and Draine, 1999), several studies have identified an association (Fazel et al., 2010; Quanbeck et al., 2004; Swann et al., 2011).

Many of the criminal justice risk factors for persons with mental illness are the same as those for the general population (Bonta et al., 1998; Fisher et al., 2006; Junginger et al., 2006). Still, given the complexity of the symptoms in bipolar disorder, a comprehensive evaluation of the risk of legal involvement among individuals with this condition would ideally consider a broad array of factors, ranging from demographic and historical, to more proximal concerns (i.e., those that closely precede or exist during the legal involvement), as well as co-morbid psychiatric illnesses and symptom-specific features. Prior scientific work in this area has been stymied by a number of methodological concerns, including a lack of access to data containing a broad enough clinical sample (Quanbeck et al., 2004, 2005a; Graz et al., 2009), a wide enough range of potentially relevant factors (Fazel et al., 2010; Swann et al., 2011; Graz et al., 2009; Christopher et al., 2012), longitudinal data (Quanbeck et al., 2005a; Swann et al., 2011; Christopher et al., 2012), and the ability to distinguish whether legal problems occurred in manic versus depressive episodes (Fazel et al., 2010; Swann et al., 2011; McDermott et al., 2007). The present study sought to partially address this gap by analyzing longitudinal data from a nationally representative community sample in order to identify the factors that predict future criminal justice involvement during Bipolar I manic episodes while also exploring episode specific features.

2. Methods

2.1. Data

The data used in this study is from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The NESARC was a 3 year longitudinal survey fielding its first wave in 2001–2002 ($n=43,093$, response rate 81.2%) (Grant et al., 2003) and its second wave assessing the same respondents in 2004–2005 ($n=34,653$, cumulative response rate 70.2%) (Dawson et al., 2007). The NESARC is a nationally representative sample of those ≥ 18 years of age who were interviewed in a face-to-face household setting. The sample represents the non-institutionalized adult population of United States, including the District of Columbia and all 50 States. Residents in non-institutionalized, group-quarters housing, such as shelters, boarding houses and dormitories, were also included as well as active-duty military personnel living off-base (Chen et al., 2006). The NESARC is the largest longitudinal nationally representative survey to date that has used diagnostic interviews to assess mood disorders, including manic episodes. The de-identified NESARC data used in this study did not require direct involvement with human participants, and was deemed exempt from review by the Institutional Review Board of the University of Massachusetts Medical School.

2.2. Outcome measure and study population

The NESARC used the lay administered Alcohol Use Disorder and Associated Disabilities Interview Schedule–DSM-IV (AUDADIS-IV) (Grant et al., 2000) in wave 1 to assess past year and lifetime DSM-IV diagnoses (Grant et al., 1995). A modified version of AUDADIS was used to assess DSM-IV disorders in the intervening period between the wave 1 and wave 2 interviews. The outcome of this study is legal involvement during the most elevated or irritable DSM-IV manic episode (the index episode) in the period between the wave 1 and wave 2 interview. Legal involvement was defined as the positive endorsement to the

question “Did you have any legal trouble—like being arrested, held at the police station or put in jail?” during the index episode. Individual questionnaire responses were used to identify those meeting DSM-IV manic episode criteria in the same manner as described elsewhere (Christopher et al., 2012). Briefly DSM-IV manic episode criterion A, B, D and E were applied to define the sample population with the seven criterion B symptoms assessed with 13 individual questions. Social and/or occupational marked impairment (criterion D) was assessed in the AUDADIS with five questions including the aforementioned legal involvement question. This study’s operationalization of DSM-IV criteria differs from the AUDADIS. The impairment section questions involving distress, legal involvement and having trouble getting things done (without the endorsement of serious problems in functioning) were not used to define impairment; only the two impairment questions that explicitly asked about serious problems with social or occupational function were used to satisfy criterion D. The analytical cohort included those with an incident manic episode as described and for whom arrest information was available.

2.3. Episode specific measures

The seven DSM-IV criterion B symptoms (1–7), assessed specific to the most severe episode, were operationalized in AUDADIS into 13 questions on symptom features (A–M). Those symptom features included: (1) A: inflated self-esteem or grandiosity, (2) B: decreased need for sleep, (3) C: pressured speech, D: hyper-talkativeness, (4) E: flight of ideas, F: racing thoughts, (5) G: distractibility, (6) H: psychomotor agitation (fidgeted, paced, or could not sit still), I: more active than usual, J: increased libido, K: uncomfortably restless, (7) L: excessive spending or reckless driving, M: and social indiscretions. Other features of mania specific to the most severe episode included being distressed by symptoms and reporting difficulty completing tasks. To capture symptom severity of the index episode dichotomous indicators were coded for those endorsing both social and occupational impairment and for those endorsing ≥ 6 DSM-IV criterion B manic symptoms (all coded 1=endorsed, 0=not endorsed).

2.4. Baseline measures

Individual baseline measures were conceptualized into four domains, demographic characteristics, criminal justice, childhood risk factors and psychiatric comorbidities. Demographic characteristics at baseline interview included male gender, age (continuous), self-reported race/ethnicity as classified by the NESARC investigators and collapsed here (non-white=1, white=0), the lowest median family income, less than high school education, marital status (1=married or living with someone, 2=divorced, separated or widowed, 3=never married), urbanicity (1=urban [metropolitan statistical area, central city], 2=suburban [metropolitan statistical area, not central city], 3=rural [not in a metropolitan statistical area]), region (1=Northwest, 2=Midwest, 3=South, 4=West), unemployed or laid off, working full time, currently receiving social services (Transitional Aid to Families with Dependent Children [TAFDC], Employment Subsidy Program [ESP], Energy Assistance Program [EAP], Women, Infants and Children [WIC] or food stamps), experienced a divorce or separation in last year, had a major financial problem in the past year, and the count of days at risk between the wave 1 and wave 2 interviews (continuous). Measure were dichotomously code (condition=1, non-condition=0) unless otherwise noted.

Self-reported criminal justice domain variables included a composite indicator of violence (defined as any endorsement of

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