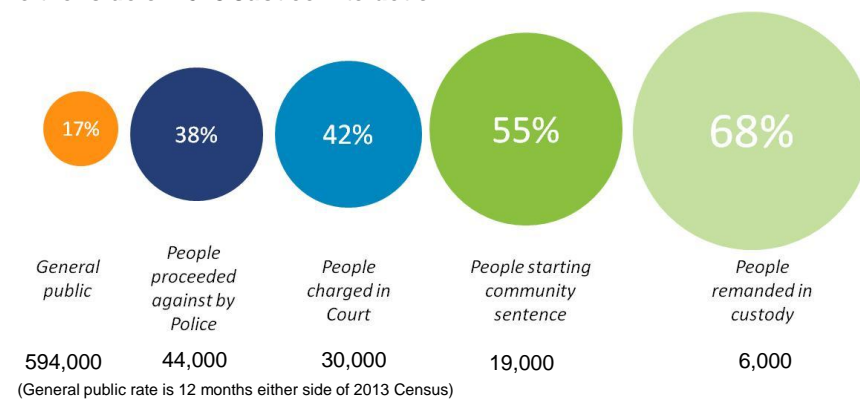


# People in the justice system have high use of mental health and addiction services

In late 2015 Crime and Justice Insights (Sector Group) presented the first in an analysis series on mental health in the justice sector. The results showed a large proportion of people interacting with the justice sector use mental health and addiction (alcohol and drug) services. This second phase updates the analysis and explores the topic further – when are mental health and addiction services used, how severe are the services used, how often and how do people get referred.

## People in the justice system are more likely to use mental health and addiction services

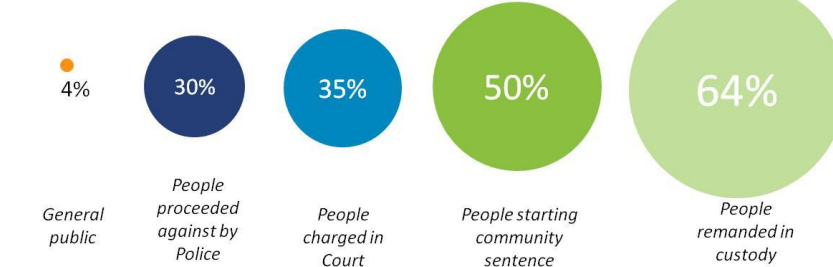
People using any mental health and addiction services 12 months either side of 2013 Justice interaction



People in the justice system are younger on average, and more likely to be male and Maori, than the general public. If the general public had the same age, sex and ethnicity profile as the Justice population, the general public rate is **14%**

## Specialist mental health and addiction services is the main service use for people in the Justice system

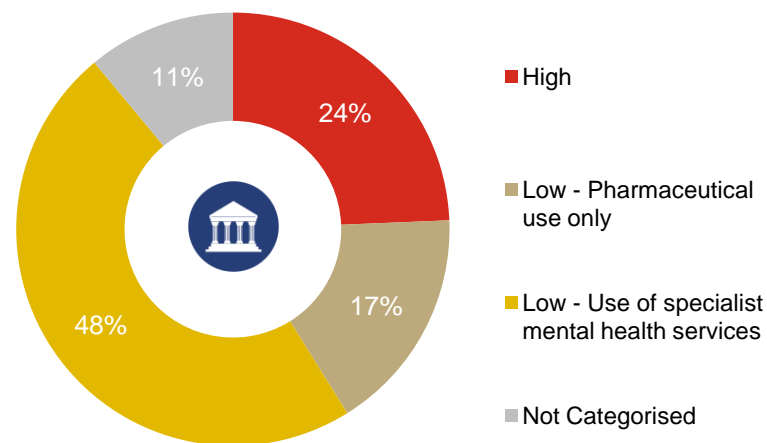
People using specialist mental health and addiction services 12 months either side of 2013 Justice interaction



## There is a range of high and low use of mental health and addiction services



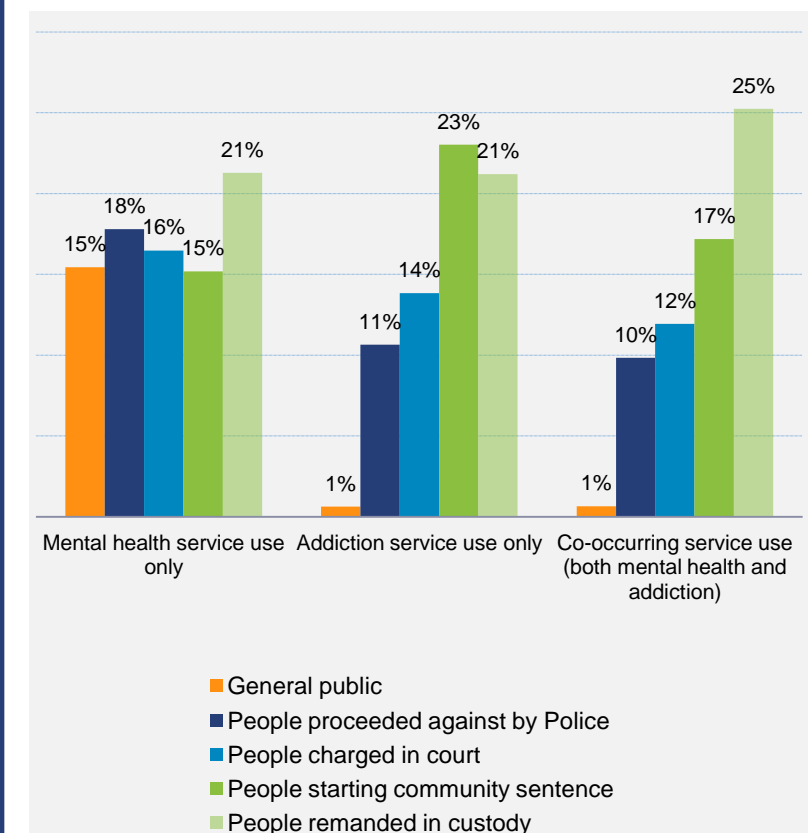
Level of mental health and addiction service use  
For people charged in court in 2013 who used mental health and addiction services (overall 42% of people charged in Court):



## Addiction and co-occurring mental health service use is the main issue

People in the justice system have particularly high rates of addiction service use, and co-occurring service use (that is both mental health and addiction services).

Type of mental health and addiction service use in the justice system in 2013 (12 months either side of Justice interaction)



Use of mental health and addiction services includes:

1. **Specialist** mental health and addiction services (see over for definition of specialist)
2. **Pharmaceuticals** dispensed related to mental health and addiction
3. **Hospitalisation** with mental health related principal diagnosis

“High users” includes people who:

- have accessed specialist services classified as **severe** (eg. mental health intensive care inpatient, inpatient in community residential facilities);
- have used **long-term** specialist services (in each quarter for 2 years); and/or
- been discharged from **hospital** with principal diagnosis of mental health or addiction.

Services used **before vs after** Police proceeding

**OVERALL** **more people**

use **mental health & addiction services**

**after JUSTICE INTERACTION**

25% BEFORE POLICE PROCEEDING  
31% AFTER



BEFORE A POLICE PROCEEDING  
**continued to**  
AFTER THE POLICE PROCEEDING

**Of people who didn't use mental health or addiction services before Police proceeding -**

**2%** **2000 PEOPLE** went on to use both mental health & addiction services

**7%** **6000 PEOPLE** went on to use mental health services

**8%** **7000 PEOPLE** went on to use addiction services

**Referrals from Justice**



were **referred** there by **JUSTICE AGENCIES**



The remaining people charged in court who used mental health and addiction services were referred by non-justice agencies. Most commonly self-referrals or from adult community mental health services.

**Addiction service use**

THE **largest** uptake in services

AFTER A POLICE PROCEEDING

is **addiction services**

**10%** BEFORE **to** **15%** AFTER **in 2013**



We used linked Justice and Health data in the **Integrated Data Infrastructure**

This analysis uses anonymised Ministry of Health mental health and addiction data linked with Justice data in the Integrated Data Infrastructure (IDI). This data is based on mental health and addiction service use, not clinical diagnosis. It measures service use 12 months before or after a justice sector interaction in 2013.

**What's changed?**

The analysis has been updated to:

- **2013 statistics** (more recent years will be available in late 2017 when the IDI mental health and justice data has been updated).

- Reflect an **updated cross-agency standard data definition** in collaboration with the Social Investment Agency and the Ministry of Health. This includes an updated pharmaceutical dispensing list.

- **Additional co-occurring category** - present people who use addiction and mental health services as a separate category

**What about prisoners?**

We have excluded the prison population from this analysis as the Department of Corrections has other published information in the 'Comorbid substance use disorders and mental health disorders among New Zealand prisoners' (June 2016).

This study uses clinical diagnosis rather than the data presented here on mental health and addiction service use.



**Related analysis**

- Upcoming are two related A3s. One on suicide and previous criminal history, and the other on opportunities for people charged in court with mental health conditions.

- Future analysis includes youth pathways for use of mental health and addiction services and justice interactions. Later in 2017 when updated mental health data is available, we plan to undertake a similar analysis for victims.

- The results in this A3 present some of the analysis possible to understand use of mental health and addiction services for Justice populations. This A3 does not contain all results, for example a focused analysis on people serving community sentences and people remanded in custody is being provided directly to Department of Corrections.

- Any requests for further analysis or feedback can be directed to [natalie.horspool@justice.govt.nz](mailto:natalie.horspool@justice.govt.nz) and [andrew.rae@justice.govt.nz](mailto:andrew.rae@justice.govt.nz)



**Specialist services**

Refers to mental health and addiction secondary services provided by district health boards and non-government organisations funded by the Ministry of Health. It does not include the provision of primary mental health care (such as care provided by general practitioners), and secondary mental health services funded by other government departments (such as funded by Ministry of Social Development).



**Beware of incorrectly implying causation**

These results indicate the complex association between mental health and offending. Be careful not to misinterpret this analysis to conclude that mental illness caused offending behaviour. This analysis has not addressed the issue of causation.

**IDI disclaimer**

Access to the data presented was managed by Statistics New Zealand under strict micro-data access protocols and in accordance with the security and confidentiality provisions of the Statistics Act 1975. These findings are not Official Statistics. The opinions, findings, recommendations, and conclusions expressed are those of the researchers, not Statistics NZ, the Ministry of Health or the Ministry of Justice.