



National Library
of Canada

Acquisitions and
Bibliographic Services Branch

395 Wellington Street
Ottawa, Ontario
K1A 0N4

Bibliothèque nationale
du Canada

Direction des acquisitions et
des services bibliographiques

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file - Votre référence

Our file - Notre référence

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

THE MENTALLY ILL IN THE FEDERAL PRISON SYSTEM IN
BRITISH COLUMBIA, WHO ARE THEY AND HOW DO THEY FARE?:
AN EXPLORATION

by

Alice-Jeanne Bush

B.A., Simon Fraser University, 1988

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS

in the Department

of

Psychology

© Alice-Jeanne Bush

SIMON FRASER UNIVERSITY

May 1992

All rights reserved. This work may not be
reproduced in whole or in part, by photocopy
or other means, without permission of the author.



National Library
of Canada

Bibliothèque nationale
du Canada

Acquisitions and
Bibliographic Services Branch

Direction des acquisitions et
des services bibliographiques

395 Wellington Street
Ottawa, Ontario
K1A 0N4

395, rue Wellington
Ottawa (Ontario)
K1A 0N4

Your file / Votre référence

Our file / Notre référence

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-83748-9

Canada

Approval

Name: Alice-Jeanne Bush

Degree: Master of Arts

Title of thesis: The Mentally Ill in the Federal Prison System of
British Columbia, Who Are They and How Do They
Fare: An Exploration.

Examining Committee:

Chair: Dr. Robert Ley

Dr. Richard Freeman
Senior Supervisor

Dr. David Cox
Department of Psychology

Dr. Carson Smiley
External Examiner

Date Approved: MAY 21, 1992

PARTIAL COPYRIGHT LICENSE

I hereby grant to Simon Fraser University the right to lend my thesis, project or extended essay (the title of which is shown below) to users of the Simon Fraser University Library, and to make partial or single copies only for such users or in response to a request from the library of any other university, or other educational institution, on its own behalf or for one of its users. I further agree that permission for multiple copying of this work for scholarly purposes may be granted by me or the Dean of Graduate Studies. It is understood that copying or publication of this work for financial gain shall not be allowed without my written permission.

Title of Thesis/Project/Extended Essay

The Mentally Ill in the Federal Prison System of British Columbia,

Who Are They and How Do They Fare: An Exploration

Author:

(signature)

Alice-Jeanne Bush
(name)

June 9 1992
(date)

Abstract

As a result of the deinstitutionalization movement, increasing numbers of mentally ill individuals are found in the community where they interact with the criminal justice system. The present study examined the fate of mentally ill offenders in the federal correctional system. The analysis focused on the type of offence for which they were incarcerated, their sentence length, the proportion of sentence they served prior to their initial release, and the total proportion of the sentence served. In comparison to non mentally ill offenders, it was found that although the mentally ill were incarcerated for more serious crimes, they did not receive longer sentences. However, the mentally ill offenders were found to serve a greater proportion of their sentences. Results are discussed in the context of deinstitutionalization.

Acknowledgements

I would like to thank my senior supervisor Dr. Freeman for providing me with his direction and guidance, and the opportunity to conduct this research as part of a larger project in this area. His concern for those sufferers of mental illness in Canada who find themselves in conflict with the law was an inspiration to me, and remains unflagging.

This project was made possible through funding provided by the Correctional Service of Canada, and the assistance of many Correctional Service personnel, especially those at the Regional Psychiatric Centre (Pacific). These individuals made time to answer numerous enquiries, and facilitate practical arrangements surrounding data collection. Myron Schimpf, Jim White, Patrice Brown, Heather Larstone, and Fern Potts were especially helpful.

My gratitude also to Diane Roche who provided support and assistance throughout the course of my research. She generously shared her knowledge in the area of criminology with me, providing me with alternative viewpoints, and also provided me with helpful feedback.

To my husband and family I give special thanks for their steadfast support, and faith in my abilities.

Table of Contents

Approval.....	ii
Abstract.....	iii
Acknowledgements.....	iv
Table of Contents.....	v
List of Tables.....	vi
Chapter 1.....	1
Introduction.....	1
Chapter 2.....	15
Review of Methodology.....	15
Arrest Research.....	17
Archival Research.....	18
Chapter 3.....	21
Method.....	21
Subjects.....	21
Procedure.....	22
Methodological Shortcomings of This Study.....	24
Advantages of This Study.....	25
Chapter 4.....	26
Results.....	26
Section I.....	26
Demographics.....	26
Criminal History.....	31
Frequency and Duration of Admissions to Regional Psychiatric Centre (Pacific).....	37
Legal Issues Regarding Mental Health.....	38
Transfers and Release.....	39
Section II.....	45
Comparison of Subject Groups and Population Data.....	45
Chapter 5.....	51
Discussion.....	51
Appendix 1.....	70
Appendix 2.....	74
Appendix 3.....	78
Appendix 4.....	81
References.....	82

List of Tables

Age	
Population and Group	27
Race	
Population and Group	28
Marital Status	
Population and Group	29
Previous Federal Incarcerations	
Population and Group	34
Index Offense	
Mentally Ill and Non-mentally Ill.....	36

Chapter 1

Introduction

It is generally understood that as a consequence of deinstitutionalization more psychiatrically ill persons are residing in Canadian communities than ever before (Borzecki & Wormith, 1985). Barnes and Toews (1983) noted that between 1970 and 1978-79 there was a 50% decrease in the number of beds in Canadian mental hospitals and psychiatric units. It is perhaps not surprising, therefore, that there are also greater numbers of mentally ill persons coming into contact with the legal system (Roesch & Freeman 1989; Snow & Briar, 1990; Jemelka, Trupin, & Chiles 1989).

As Kirk & Therrien (1975) note, deinstitutionalization represented the beliefs that the chronically mentally ill could be rehabilitated and reintegrated into society without being treated in a hospital. According to Pepper and Ryglewicz (1982) deinstitutionalization resulted from the idea that the highest level of functioning of the mentally ill is achieved when they live in the the least restrictive environment that continues to meet their safety needs. The concept of deinstitutionalization gained in popularity when it became evident that community based care was more economically viable and than traditional long term institutional treatment.

In the 1960's, the development of drugs that facilitated behavioral control of mentally ill persons was followed by the rapid release of hospitalized psychiatric patients into the community (Borzecki & Wormith, 1985; Pepper & Ryglewicz, 1982). Concurrently, concerns regarding the deleterious effects of long-

term hospitalization, the mislabeling of many people as mentally ill (Roesch & Freeman, 1989) and the rights of mental patients (Borzecki & Wormith, 1985; Pepper & Ryglewicz, 1982) began to influence the reform of civil commitment laws in Canada and the United States. New laws made commitment to a mental hospital more difficult, requiring that mentally ill people be dangerous to themselves or others prior to any involuntary placement in a treatment facility (Teplin, 1985). Aggressive mentally ill individuals who would previously have been cared for in hospitals but who did not meet the new criteria for civil commitment began to live in the community where they were sometimes feared and loathed (Durham, 1989). New admissions to institutions were decreased and those admitted were treated as inpatients for a shorter period of time (Durham 1989).

Shifting the site of care of the mentally ill from institutions to the community was based on the assumptions that the mentally ill were best cared for in the community, and that hospital care was no longer necessary to control their behavior (Lamb 1984). Although adherence to the ideals of deinstitutionalization resulted in greater freedom for the mentally ill in some respects, changes in the policies and practices in one system often produce not only the intended effects but unintended effects in other interrelated systems (Roesch & Golding, 1985). Reductions in funding to mental health programs played a significant role in the inability of local communities to provide adequate alternative treatment programs (Bachrach & Lamb, 1982; Barnes & Toews, 1983; Durham, 1989), and social service agencies and the public were left unprepared to deal with the influx

of these persons back into the community. The large scale release of patients from mental hospitals has had an impact not only on the community mental health system, but also on the welfare and criminal justice systems (Teplin, 1984).

Most psychiatric programs place limits on the types of patients they will treat. Those who have had repeated hospitalizations, or those who are thought to be too "dangerous" to accept for treatment but not dangerous enough to qualify for civil commitment are most likely to be considered unacceptable by all programs (Teplin 1984). Although the mentally ill became a more visible presence in the community, social acceptance of them failed to increase (Teplin, 1984), perhaps due to the stereotype of the mentally ill as dangerous (Fracchia, Canale, Cambria, Ruest, and Sheppard, 1976). The criminalization of the mentally ill hypothesis suggests that perceptions of dangerousness and the lack of available treatment programs for the mentally ill have lead to an increased use of criminal justice avenues to facilitate the removal of persons displaying bizarre behavior from the community (Borzecki & Wormith, 1985). As the suspicion that mentally ill individuals were were being shuffled between the mental health and criminal justice systems increased, interest grew in all facets of the relationship between the mentally ill and the criminal justice system, from arrest through incarceration.

An encounter with a police officer is the point at which first contact occurs between the mentally ill and the criminal justice system. Durham, Carr, and Pierce (1984) note that there is widespread agreement that the police are extremely influential in

the detention and civil commitment of mentally ill people. Encounters with the police may or may not end in arrest. Police officers decide whether or not to take a person into custody, and if so, whether or not to take them to a criminal justice or mental health facility (Durham, Carr, & Pierce, 1984). Durham and her colleagues raise concerns regarding the conditions influencing, and the accuracy of, police decisions in these instances. An early researcher in the nature of contact between police officers and the mentally ill, Bitner (1967), examined police discretion in the emergency apprehension of the mentally ill. It is his contention that the involvement of police officers with mentally ill individuals is both frequent and viewed as important by the officers although they may not perceive it to be desirable. He argues that the disposition the officer makes regarding whether to take a mentally ill individual to hospital, or jail, or leave them with a responsible relative depends on the availability of resources. In his view police have a great deal of discretion in determining whether or not to apprehend a mentally ill person.

Lamb and Grant (1982) purport that due to a lack of in-patient mental health resources and difficulties in obtaining civil commitment, police officers arrest mentally ill persons for minor criminal acts as a way of resolving the problematic situation and providing them with a means of obtaining psychiatric evaluation. When archival data was examined, Bonovitz and Bonovitz (1981), found a 227.6% increase in incidents related to mental illness resolved by the police between 1975 and 1979. It has been demonstrated by Teplin (1984) that for similar behaviors mentally disordered people

have significantly greater chance of being arrested than non-mentally disordered people. This may occur because mentally ill individuals are more likely to be detected in the commission of a given crime than are non-mentally ill persons, by virtue of their marked social ineptitude and bizarre behavior (Freeman & Roesch, 1989). Moreover, Teplin (1984) has proposed that some of the most annoying symptoms of mental disorder such as verbal abuse and disrespect may provoke a more extreme response from the police officer.

Although there is little published research examining the experience of mentally ill offenders in the court process, research in the areas of arraignment, trial, or sentencing, might be very informative regarding the criminalization of the mentally ill hypothesis. Beck, Borenstein, & Dreyfus (1984) investigated whether defendants with a mental disorder were more likely to be found guilty. In examining consecutive court arraignments they found that individuals identified as having a mental disorder of a psychiatric or substance abuse type, were 2.23 times as likely to be found guilty as other defendants. Prior criminal record, charge, marital status, sex and identified mental disorder significantly affected the probability of a finding of guilt. Of those found guilty, mentally ill offenders were 3.27 times as likely to incur a period of supervision or incarceration than other offenders. The presence of a mental disorder, having a lawyer, and the interaction of charge and race were significantly related to being supervised or institutionalized after a finding of guilt. Beck and his colleagues speculate that the differences might be due to paternalistic motives of judges, the behavior of the mentally disordered defendant, or a tendency among the mentally ill to

plead guilty. The need for more research regarding the interaction between mental illness and this point in the criminal justice system is evident.

In an attempt to determine if forensic patients are more violent than other patients, as is sometimes feared, Beran and Hotz (1984) compared forensic patients to non-forensic patients in the same hospitals. The forensic group was younger having a mean age of 30 compared to that of 38 of civilians, and contained a higher proportion of men at 85% compared to 48% of the civilian group. They were less likely to be married and less likely to be diagnosed with schizophrenia. However the forensic group was more likely to be diagnosed as having personality disorder. Civil patients were reported to have engaged in significantly more overt violence against other people and more property destruction; however, forensic patients were reported as having significantly higher anger and anti-authoritarian attitudes. Beran and Hotz concluded that the fears of the mentally ill have been exaggerated. Reich and Wells (1985) studied individuals referred for a evaluation of their fitness to stand trial and examined the relationship between demographic variables, psychiatric variables and competency. In contrast to the findings of Beran and Hotz (1984), when compared to civilians, the forensic group contained proportionately more people suffering from schizophrenia at 40% compared to 19.9%, organic brain syndromes at 4.6% compared to .6%, and personality disorders at 8.7% compared to 2.3%. Moreover, individuals who had been referred on more than one occasion for a fitness assessment had a more severe level of psychopathology than civilians or those who had been referred only

once. These studies demonstrate that the mentally ill do come into contact with the criminal justice system, but being diagnosed with a mental illness offers no assurance of diversion to the mental health system. In an archival study of individuals referred for a competency evaluation in British Columbia, Roesch, Eaves, Sollmer, Normadin & Glackman (1981) found that 31.1% of subjects found fit to stand trial had a diagnosis of some form of psychotic disorder including schizophrenia. Hodgins (1988) notes that there is considerable disparity between provinces in Canada with respect to the number of persons found fit to stand trial and that in one study British Columbia had been shown to find fewer numbers of persons unfit.

Investigations regarding the prevalence rates of mental illness in prison or jail populations have been conducted in an effort to examine the criminalization of the mentally ill hypothesis. In the state of Louisiana, Kreft and Brittain (1983) examined 194 male and 122 female randomly selected prisoners in order to assess the need for mental health services. Through a screening procedure they determined that 10% of the men were psychotic. Seven percent to 10% of male subjects were viewed as requiring inpatient services. Nine percent to 11% of the female subjects were viewed as requiring inpatient services and six percent of the females were determined to have a psychotic illness. Daniel, Robins, Reid, and Wilfley (1988) used the Diagnostic Interview Schedule to examine 100 females consecutively admitted to a prison in Missouri. Although psychiatrically ill criminals are usually channelled through the mental health system in that area, these researchers found that

seven percent of subjects had schizophrenia, and nineteen percent had major depression. Diagnoses of schizophrenia were more common among subjects under 25 years of age and diagnoses of major depression were more common among those 45 years and older. Daniel et al. found rates of psychopathology for this group to be significantly higher than the rates for the general population. For example, the rate of schizophrenia was six times as high, and the rate of major depression was two and a half times as high as that for the general population. The combined prevalence of schizophrenia, major depression, and bipolar disorder was 28%. This research team acknowledged that they did not know the proportions of mentally ill subjects that had a mental illness prior to their incarceration or the proportion of those who developed a mental illness subsequent to their incarceration.

Lamb and Grant (1982) studied 102 males referred to a prison hospital for psychiatric evaluation. The group of subjects was made up of 48% white men and 42% black men, 66% of whom had never been married, and one quarter of whom were separated or divorced. One quarter of these men had been living on the street or in a mission prior to their arrest and 36% were transients. While some of these subjects 56% received government financial assistance 21% had no source of income. A record of prior hospitalization was found for 90% of these men. Men who had been arrested for misdemeanors made up 41% of the sample while men who had been arrested for incidents of violence made up 39% of the sample. Eighty percent of the men exhibited severe psychopathology characterized by hallucina-

tions, delusions, or thought disorder. Recommendations for psychiatric hospitalization were made for 76% of the sample.

In 1983 Lamb and Grant studied 101 females referred to a prison hospital for psychiatric evaluation. The group was made up of 35% white women and 56% black women, 46% of whom had never married and 36% of whom were divorced or separated. A few women 17% supported themselves through legitimate employment or prostitution while the rest of the sample received various forms of government financial assistance. Forty-two percent of the women lived a transient lifestyle. A record of prior psychiatric hospitalization was found for 86% of the subjects. Severe psychopathology defined as above was diagnosed for 58% of the sample. Sixty percent of all charges for the women were for misdemeanors and 23% stemmed from incidents of violence. Psychiatric hospitalization was recommended for 53% of the women.

When Bonovitz and Guy (1979) conducted research in a prison hospital after the implementation of more stringent civil commitment laws in Pennsylvania, they found an increase in the number of mentally ill prisoners for which admission or consultation was sought. They discovered that these persons were less likely to have committed a violent crime, and that following the implementation of the new laws more of these individuals were convicted of crimes such as disorderly conduct and trespassing. They were also referred for psychiatric services more quickly subsequent to the new laws. Bonovitz and Guy raised concerns that the individual being protected from involuntary treatment at a mental hospital are being involuntarily committed to prison.

In a study to determine if psychiatric patients are being incarcerated rather than hospitalized, Valdiserri, Carroll and Hartl (1986) examined inmates referred to the mental health clinic in a county prison. Subjects were rated as psychotic or non-psychotic, 5.51% being determined to be psychotic. When compared to inmates not referred for psychiatric services these researchers found that at mid-twenties on average, the mentally ill were about the same age as other subjects but were less likely to be married at the time of their arrest. They did not commit a disproportionate number of violent crimes but were four times more likely to be incarcerated for offences categorized by the researchers to be of a lesser severity such as making false reports, drunkenness, disorderly conduct, harassment, and trespassing. Among the mentally ill 31.8% were incarcerated for a lesser crime. The mentally ill committed fewer sex offenses, property crimes, and drug offenses. When simple assaults were included in the minor offence category, the proportion of mentally ill subjects incarcerated for a lesser offence rose to 41%. In contrast, when these categories were collapsed only nine percent of offences by the non-mentally ill were lesser offences. Valdiserri et al. concluded that the incarceration of the mentally ill in prison reflects the criminalization of mental illness rather than an increase in criminal behavior.

Although a small proportion of mentally ill offenders may be diverted from the criminal justice system to the mental health system, most mentally ill offenders fail to satisfy the criteria for a legal designation of unfit to stand trial, or of insanity. Thus al-

though they are mentally ill, these offenders are held responsible for their criminal behavior.

What befalls these individuals once they become incarcerated as a result of their transgression of the law? What are the repercussions of being mentally ill in the prison system? In examining the issue of planning treatment programs for the incarcerated mentally ill, Dvoskin and Steadman (1989) highlight the new and different problems that the mentally ill must confront once they enter custody. Like all prison inmates the mentally ill are provided with structure, accommodation, food, and clothing which they may have had difficulty obtaining in the community. However, the mentally ill encounter different problems such as predatory inmates, visits, and authority problems, in the prison milieu to which they may be particularly vulnerable as a result of their illness. They must also avoid disciplinary infractions. Their ability to deal with these problems effects their ability to participate in positive aspects of the prison environment such as vocational or educational programs, and their ability to maintain their safety. The mentally ill must also contend with the perceptions about them held by others with whom they have no choice but to interact.

In a study of the perceptions of correctional officers toward mentally disordered inmates in a maximum security pretrial remand centre, Kropp, Cox, Roesch, & Eaves (1989) found that, in general, mentally disordered inmates were viewed less favorably than other inmates. They propose that this is due to their combined characteristics of criminality and mental illness. Although the mentally disordered prisoners were perceived to be less manipu-

lative than other prisoners, the three negative adjectives that represented the officers' perceptions of the mentally ill were "unpredictable, irrational, and mysterious". Although many of the correctional officers had university or college education, 95% indicated that they would appreciate some additional training regarding working with mentally disordered inmates. Gingell (1991) indicates that in Canadian prisons the social status of mentally ill prisoners falls near the bottom of the scale, in a limbo between the general population and various kinds of prisoners with distinctive status, such as a sex offender or an informant.

Indeed, it would appear from the data collected by Adams (1983, 1986), and Toch and Adams (1986) that the mentally ill do experience difficulty in dealing with the array of problems described above. The mentally disordered prisoners in these two studies incurred a higher disciplinary infraction rate than other inmates in the studies. Adams (1983) suggests that inmates who are continually disruptive frustrate attempts to maintain order, thereby creating a strain on correctional resources. Concerns of correctional staff must then shift to issues of security and less opportunity is available for pursuing other organizational objectives. Disruptive inmates may also produce tensions in the social environment which effect the adjustment of other prisoners (Adams, 1983).

Toch (1982) focuses attention on the "disturbed disruptive" inmate who is viewed as primarily disruptive by mental health staff, and primarily disturbed by custody personnel. Toch argues that such composite inmates with mental health and adjustment difficulties fall between existing treatment modalities. He describes

these inmates who possess both disciplinary and mental health problems as notoriously refractory to treatment and possessing histories in the prison system that are biographies of escalating conflict and suffering. Like Kropp et al (1989), Toch identifies this group of inmates as inspiring negative emotions among the institutional staff such as fear, aversion, mystification, and feelings of impotence based on a sense of ignorance. He proposes, and supports with anecdotal evidence, that these inmates are differentially subjected to "bus therapy". "Bus therapy" refers to the tendency of mainstream correctional institutions to label this type of disruptive inmate as primarily disturbed, thereby transferring him to a treatment centre, and prison treatment centres to label these disturbed inmates as primarily disruptive, thereby transferring them back to mainstream correctional institutions. Toch suggests that because these disturbed disruptive inmates are so difficult to deal with, pressure exists to classify the individual so as to make him the client of other caretakers, and to make the "bus stops" between transfers as short as decency permits.

Offenders who are legally fit and sane, but nevertheless mentally ill constitute a needy minority among the general population of incarcerated offenders (Freeman & Roesch, 1989). Little is known regarding the effects of stress on the mental and physical health of inmates but even less is known about the consequences of incarceration for mentally disordered inmates (Snow & Briar, 1990). Adams (1983) comments that virtually nothing is known of the behavior of former mental patients once they have entered the criminal justice system. However, data gathered thus far suggest that

there may be aspects and consequences of serving a prison sentence that are unique to the mentally ill, and that their presence affects the experience of others serving time, or working in the penal system.

Chapter 2

Review of Methodology

Each point in the criminal justice system where attempts are made to document the experience of the mentally ill presents its own challenges to experimental methodology. Foremost among the difficulties researchers experience is the identification of mentally ill in the criminal justice system. Most researchers tend to focus on the relatively easier task of studying individuals referred for psychiatric treatment rather than attempting to ascertain the prevalence of mental disorder among the jail population as a whole (Teplin 1983, 1984). In addition, it is likely that some psychiatrically ill people will go unnoticed in a correctional facility because bizarre behavior is regarded with greater indifference there than elsewhere. Only extremes in behavior gain attention and so prisoners with illnesses such as depression that render them more amenable to correctional processes may not get referred at all (Borzecki and Wormith, 1985). In a recent study, Teplin (1990) found only a 7.1% detection rate of pure depressives on the part of jail personnel. The detection of schizophrenic detainees was 45.0% however the overall detection rate rose to 91.7% when jail personnel were aware of a pre-existing treatment history.

All prevalence studies within institutions omit those who have been arrested but not incarcerated because they were released on bail, were diverted, or were acquitted (Teplin, 1983, 1984). In addition, it has been pointed out by Borzecki & Wormith (1985) that the

numbers of mentally ill who come into contact with the prison system are further underestimated when a known psychiatric history is the sole criteria for mental illness. Estimates of prevalence rates may also be inaccurate because an increase in referrals over time might be the result of more mentally ill individuals being committed to prison, or it might be that as a result of increased education about psychiatric problems prison staff view all inmates as having some form of illness. Teplin (1983, 1984) has also noted that prevalence studies have been plagued by sample sizes insufficient to detect a statistically rare event such as serious mental illness, and imprecise assessment processes. Further, researchers have failed to use available baseline data for comparison.

Further, without using a longitudinal design general population studies and referral studies fail to distinguish between those who suffer from mental illness prior to incarceration and those who become ill while in prison (Borzecki & Wormith, 1985; Teplin 1983, 1984). It is not known if the mental illness is due to stresses of the jail experience (Leuchter, 1981; Morgan, 1981; Teplin, 1984), or if the jail experience exacerbates an existing underlying mental illness. Borzecki and Wormith (1985) point out that there is a high correspondence between the age of those at risk for psychiatric illness, particularly psychosis, and the mean age of the prison population, so given the general base rates for psychiatric illnesses it is possible that a large number of offenders will develop a psychiatric illness during their incarceration by this coincidence.

These same issues could be raised concerning contact between the mentally ill and the Criminal Justice System at other points,

from arrest through court appearances. Longitudinal studies would be ideal but time constraints and costs most often prohibit the pursuit of this form of experimental design.

Arrest Research

In examining encounters between mentally ill individuals and police officers the criminalization of the mentally ill hypothesis predicts that individuals with psychiatric illnesses will have a higher arrest rate than the general population, and that they will have had increasing numbers of encounters with police officers over the last 10 to 15 years. In general the research supports this, however this research is also not without problems. There is a difficulty in using post hoc measures such as interviewing an officer after a disposition decision, to look at police decision making, because officers may hesitate to offer evidence suggesting that they have made a mistake in their choice of disposition; their responses may actually serve as post decision dissonance reduction (Teplin 1983). There can also be problems in determining which dispositions to examine; for example Bonovitz and Bonovitz (1982) investigated mental health related incidents but failed to describe the process by which situations were determined to be mental health related. If it was determined by the officers themselves then those situations were bound to be the ones least likely to end in arrest (Teplin 1983).

Studies based on arrest rates capture a fraction of those "crimes" committed because arrest is a statistically rare event. Informal dispositions predominate so the true prevalence of criminal behavior is underestimated.(Teplin, 1985).

Studies regarding the mentally ill in prison are missing the mentally ill who come in contact with the criminal justice system but are diverted (Teplin, 1983, 1984). Those mentally ill committing minor crimes such as disturbing the peace are also missed because they may serve whatever sentence they receive in jail rather than in prison. Different sites in the criminal justice system being studied can lead to opposing conclusions about the criminalization of the mentally ill hypothesis. For example, when conducting research in a prison it may appear that the mentally ill are not being criminalized but it may be that jails are performing the function of a repository for the mentally ill and so they are not proceeding through the system far enough to reach prison (Teplin, 1983).

In order to obtain a longitudinal perspective without "doing time" with the subjects, researchers sometimes make use of archival data. However, this too is an imperfect methodology.

Archival Research

Borzecki and Wormith (1985) have noted that variations in the creation and maintenance of correctional centre files have consistently undermined research efforts. Choosing to use official statistics is an option however it too has drawbacks. According to Teplin (1983) official statistics are notoriously inaccurate and unreliable and may reflect more of a change in recording of information than in actual reality. For example, category of crime in official statistics may only have a vague resemblance to the actual nature of the criminal event (Teplin, 1985).

As in other types of studies, problems arise in archival research if the only criteria for mental illness used is previous psychiatric hospitalization since findings regarding previous hospitalization are not necessarily consistent with other measures of mental illness.(Bonovitz & Guy 1979). Further, as stated previously, this may also underestimate the number of mentally disordered prisoners by excluding individuals who because of a lack of sophistication, a lack of resources, or pure chance are initially channelled and continue to be channelled into the criminal justice rather than the mental health system because of the label they acquire (Teplin 1983). An individual may be mentally ill but never have been hospitalized. In archival research comparing arrest rates between the mentally ill and non-mentally ill, findings of a higher arrest rate for the mentally ill may simply indicate that rather than being criminalized the mentally ill are just more prone to crime. It could also be that those who are ill but have not been hospitalized make the arrest rate even out across the independent variable. (Teplin, 1983, 1984).

As discussed above, numerous studies have been conducted to examine the interaction between the mentally ill and different stages of the criminal justice system including arrest, remand, and incarceration. In Canada, mental health care in the federal prison system is provided in part by Regional Psychiatric Centres. These centres are small fully accredited psychiatric hospitals that provide inpatient and outpatient services to inmates suffering from severe mental illnesses. (Hodgins, 1988). The present study sought to explore the presence and extent of differences in characteristics and

proportion of sentence served between the severely mentally ill who had received treatment in a Regional Psychiatric Centre (Pacific) and the non-mentally ill within the federal correctional system.

Chapter 3

Method

Subjects

Subjects were a cohort of adult males of various racial origins, placed in federal prisons in Canada between January 1, 1983 and December 31, 1989 as a result of a criminal conviction. All of those inmates admitted to the Regional Psychiatric Centre (Pacific) during the time frame given above, diagnosed by institutional psychiatrists as suffering from schizophrenia or a major affective disorder, were included in the mentally ill offender group (n=67). Non-mentally ill subjects were offenders placed in the same host institution within two weeks prior to, or two weeks following the placement date of the mentally ill offender, (n=60). When mentally ill offenders were placed directly into the Regional Psychiatric Centre (Pacific), non-mentally ill offenders were drawn from a medium security level institution in the Pacific Region. When a person is convicted of an offense and enters the criminal justice system he or she is assigned an identification number referred to as a finger Print Services Number. All information pertinent to their contact with the system is filed under this number. Names and Finger Print Services number of non-mentally ill inmates were supplied by researchers in the Research and Statistics Division of the National Headquarters for Correctional Services Canada. Records for a small number of inmates, who were outside of the Pacific Region and who had not reached their warrant expiry date were inac-

cessible and were consequently eliminated from the study. There were four such individuals in the mentally ill group, and five such individuals in the non-mentally ill group.

Procedure

The present study is archival in nature. Information necessary for selecting the mentally ill sample and some of the data for both groups of subjects, was acquired from two Correctional Services of Canada databases. The sample of mentally ill offenders was selected from a list of all offenders admitted to the Regional Psychiatric Centre between January 1, 1983 and December 31, 1989 was sorted by diagnosis. This list was generated from a database created and maintained by Ambulatory Services at the Regional Psychiatric Centre. Individuals with a diagnosis of schizophrenia or a major affective disorder, alone or in combination with another non-organic psychiatric disorder, were retained and included in the sample. Because no record of penitentiary placements to the other Federal institutions that could be sorted by date was available locally, a list of non-mentally ill offenders placed at the desired institutions at the specified time was obtained from researchers at the National Headquarters for Correctional Services Canada. A second database, the Offender Retrieval System, was then searched by name and Finger Print Services number. The Offender Retrieval System supplies some demographic information such birth date, race, and marital status, for each offender as well as information regarding offenses for which they had been incarcerated in the federal penitentiary system. This system also contains information regarding an

offender's history of transfers between institutions and his or her present placement. The purpose of this information system is to keep the most pertinent information about every offender readily available to correctional personnel as well as law enforcement officials throughout the criminal justice system across the country. A list of Federal offences, dispositions, sentence dates, eligibility dates for conditional release, and actual release dates, broken into Federal terms of incarceration, was produced from this information system for each subject. Data collection for mentally ill subjects began with the federal sentence during which they were first admitted to the Regional Psychiatric Centre between January 1, 1983 and December 31, 1989. Data collection for non-mentally ill subjects began with the conviction that led to their penitentiary placement in the same institution, at about the same time as those mentally ill offenders selected for the study. Some demographic data such as date of birth, and race, were also taken from this information retrieval system. Further data required to answer each of the questions under consideration was collected from the prison files of the offenders, predominantly the Sentence Administration, and Institution A files containing the inmate's criminal and social history, and regularly scheduled progress reviews. Files were accessed at the institution at which the offenders were incarcerated, or from the federal archives in Burnaby. Archived files from other regions were obtained through the Regional Headquarters and also accessed from federal archives. Information regarding the variables of interest was recorded on an offender data retrieval form (see Appendix 1). In order to protect the identities of the subjects, individual

cases were identified by a number assigned by the researchers. All researchers involved in the study received security clearance from Correctional Services Canada. Because of the nature of many of the variables being collected, such as penitentiary placements, transfers between institutions, and psychiatric diagnosis, it was impossible for researchers to remain blind to the group membership of subjects.

Demographic information about the populations of federally incarcerated male inmates in the Pacific Region and in the country as a whole was taken from Correctional Services Canada Statistical Data:1991 Edition. Variables examined were age, race, marital status, and number of previous federal incarcerations.

Methodological Shortcomings of This Study

As with the other archival studies this study suffers from the variation in the creation and maintenance of correctional centre files remarked by Borzecki and Wormith (1985), and the notoriously inaccurate official statistics noted by Teplin (1983), both of which were utilized in this study.

This study examines a circumscribed group of mentally ill within the federal prison system; it does not examine those mentally ill who only commit minor crimes since subjects must have been convicted of a crime resulting in a period of incarceration of two years or more. In addition, only those referred for treatment at the Regional Psychiatric Centre (Pacific) gained entry into the mentally ill sample. The diagnoses of institutional psychiatrists are assumed to be accurate, and to have been determined using the cri-

teria in the second, third, or revised third edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Excluded by default were those whose illness was less noticeable to correctional staff because they were less disruptive to the good order of the institution, those diverted at previous points in the criminal justice system, and those who were acquitted. Due to the complexity of the system and record keeping capacity of the researchers, information regarding individuals who were seen by mental health professionals at other institutions and who received the specified diagnoses but who were not admitted to the Regional Psychiatric Centre was not collected. Further, there is no way of knowing which subjects were mentally ill prior to their entry into the criminal justice system and which became ill while incarcerated.

Advantages of This Study

Most studies regarding the criminalization of the mentally ill hypothesis have been American and they have tended to support the hypothesis. However, in Canada the health care system is based on the universal access principle which includes incarcerated individuals. According to Roy (1977), in Canada the availability of psychiatric services increased for federal inmates with the reorganization of medical services within prisons which included the opening of Canada-wide Regional Psychiatric Centres. It may be that differences exist in the degree or quality of criminalization of the mentally ill not only at different points in the Criminal Justice System but also between the Canadian and American systems.

Chapter 4

Results

Section I

Demographics

Subjects in this study were 127 adult males, ranging in age from 18 to 61 years. The mean age was 31 years. As can be seen from Table 1 which contains the numbers of subjects in each age group across the two samples and population data, most subjects were between the ages of 20 and 40, with 4.72% younger than 20, and 14.36% 40 or older. Mentally ill subjects ranged in age from 18 to 61 years; among mentally ill subjects, 25.37% were between the ages of 35 and 39 and the average age of the group was 32 years. The group of non-mentally ill subjects ranged in age from 18 to 52 years with a mean age of 30 years. Among these men 20 to 24 year olds comprised 26.67% of the sample and 25% were 30 to 34 years old.

All of those inmates admitted to the Regional Psychiatric Centre between January 1 1983 and December 31 1989 who were diagnosed by institutional psychiatrists as suffering from a psychotic or major affective disorder, were included in the mentally ill offender group, (n=67). A diagnosis of some form of schizophrenia was given to 75.76% of these mentally ill individuals and a smaller proportion, 18.18% were diagnosed as experiencing a major affective disorder. Few subjects, 6.06% were diagnosed as suffering from the two types of disorder simultaneously.

In terms of the racial make up of subjects, 76.38% were of Caucasian origin, 15.75% were of North American Aboriginal origin,

and 4.72% were of other types of racial descent. The racial background of 3.15% of the subjects could not be determined. Most mentally ill subjects, 76.12%, were Caucasian. The rest of the sample was made up of 19.42% North American Indians, and a small number of individuals of other racial backgrounds. As is shown in Table 2, the racial composition of the group of non-mentally ill subjects was very similar, being mostly comprised of Caucasians, with the next largest racial group being North American Indians. Information on

Table 1

Age: Population and Group

AGE	CANADA	PACIFIC	NON ILL	ILL
<17	0 (1)	0	0	0
17	0 (2)	0 (1)	0	0
18	0.1% (18)	0 (1)	1.67%(1)	1.49% (1)
19	1.0%	0.9%	3.33% (2)	2.99% (2)
20-24	16.7%	11.0%	26.67% (16)	17.91% (12)
25-29	24.4%	20.5%	18.33% (11)	19.40% (13)
30-34	20.7%	20.0%	25 0% (15)	16.42% (11)
35-39	14.3%	15.8%	13.33% (8)	25.37% (17)
40-49	15.7%	19.8%	8.33% (5)	11.94% (8)
50-59	5.0%	7.7%	3.33% (2)	2.99% (2)
60-64	0.9%	2.0%	0	1.49% (1)
>64	0.7%	1.8%	0	0

Note. Bracketed numbers represent actual numbers of persons. racial origin was not available for 6.67% of these subjects.

Table 2
Race: Population and Group

RACE	CANADA	PACIFIC	NON ILL	ILL
Caucasian	82.2%	80.0%	76.67% (46)	76.12% (51)
N.A. Indian	10.6%	13.3%	11.67% (7)	19.42% (13)
other	6.6%	6%	5% (3)	4.48% (3)
unknown	0	0	6.67% (4)	0 (0)

Note. Bracketed numbers represent actual numbers of persons.

Subjects' marital status at the time of their offense was also recorded. At the time subjects committed the initial crime for which they were incarcerated, 54.33% were single, 15.75% were involved in a marital relationship, and 13.39% were involved in a common law relationship. As reported in Table 3, 10.24% of the subjects were divorced and the remaining subjects were either separated or their marital status was not available. The greatest proportion of mentally ill individuals in the study, (68.66%), were single. The remaining members of this group were dispersed over the other marital status categories. Of the mentally ill individuals, few (4.48%) were married. Among prisoners who had not been diagnosed with a mental disorder, 38.33% were single at the time of their offence, whereas, 48.33% of these persons were involved in a marital or common law relationship. Small proportions of this group were separated or divorced.

Table 3
Marital Status: Population and Group

MARITAL	CANADA	PACIFIC	NON ILL	ILL
SINGLE	48.8%	46.7%	38.33% (23)	68.66% (46)
MARRIED	12.3%	16.1%	28.33% (17)	4.48% (3)
COM LAW	26.3%	23.2%	20% (12)	7.46% (5)
WIDOWED	1.1%	1.2%	0	0
SEPARATED	3.9%	4.8%	1.67% (1)	7.46% (5)
DIVORCED	6.7%	7.2%	10% (6)	10.48% (7)
unknown	0	0	1.49% (1)	1.67% (1)

Note. Bracketed numbers represent actual numbers of persons.

Also of interest in the context of this study, were the living arrangements of subjects at the time of their index offence. Although this information could not be obtained for 22.05% of the subjects, at least 57.48% were living independently, and at least 16.54% had no fixed address or were living in a hotel. Subjects living in an assisted placement, such as a boarding home maintained by a social service or mental health agency, comprised 3.93% of the total sample. While information regarding living arrangements could not be found for 16.42% of the individuals in the mentally ill sample, at least 49.25% were living independently, at least 28.36% had no fixed address or were living in a hotel, and at least 5.97% were living in some form of assisted placement. While the living arrangements of 28.33% of the non-mentally ill group could not be accounted for, at

least 66.67% were living independently in the community at the time of their offense, at least 3.33% were found to be living in a hotel or to have no fixed address, and at least 1.67% were found to be living in an assisted placement.

Excluding alcohol or marijuana, substance abuse was identified as a problem by correctional personnel for 44.88% of the subjects in this study; information regarding this substance abuse was unavailable for 3.94% of the subjects. Among the individuals identified as suffering from a mental illness, 49.25% were also identified as suffering from a substance abuse problem other than abuse of alcohol or marijuana; of those individuals who had not been identified as suffering from a mental illness, 40% were described as suffering from the substance abuse problem described above. There was no information regarding substance abuse problems available for 8.33% of this group.

Subjects' histories indicated that the education level attained by subjects in this study ranged from grade two to a master's degree (mean=10.4). Of the 33.86% of subjects who had completed high school, 16 individuals or 12.60% of the sample, went on to some form of post secondary education. Subjects who had a grade eight education or less comprised 26.77% of the sample. Among prisoners diagnosed with a mental illness, educational achievement also ranged from grade two to a master's degree (mean=9.5, s=3.56). Of these individuals, 34.33% had a grade eight education or less. Of the 32.84% of the mentally ill prisoners who completed high school, 14.93% went on to some form of post secondary education. Educational achievement was unavailable for 4.48% of the mentally

ill sample. The years of education achieved by subjects not diagnosed with a mental disorder also ranged from 2 to 18 (mean=10.58, $s=2.60$). The proportion of this group that completed eight or less years of schooling was 18.33%, and 35% completed high school; of the individuals who completed high school, 10% went on to some form of post secondary education. Information regarding educational achievement for 16.67% of the non-mentally ill subjects was unavailable.

Criminal History

The average number of prior criminal convictions for subjects in this study was 12.68, ($s=13.83$). Data on prior criminal history was unavailable for three subjects. The number of prior convictions ranged from 0 to 69; 20 (15.75%) subjects had no prior convictions and 1 (0.79%) subject had 69 prior convictions. Subjects, having 20 or fewer prior convictions comprised 74.02% of the sample. The mean number of prior criminal convictions for the mentally ill offenders was 11.05 ($s=12.49$); data was unavailable for two subjects in that group. The smallest number of prior convictions among this group was 0 and the largest was 63. Thirteen individuals, or 13.40% of the mentally ill sample had no prior convictions, while 77.61% had 20 or less. The mean number of prior convictions among the non-mentally ill was 14.48 ($s=15.07$). Information regarding prior convictions was not available for one of the subjects in this group. The smallest number of prior convictions was 0, and the largest number of prior convictions of an individual in this group was 69. Seven per-

sons with out a diagnosis of mental illness, 11.67% of the sample, had no prior convictions and 42, (70%) had 20 or fewer convictions.

Prior convictions resulting in sentences less than two years in length were broken into provincial incarcerations of less than a month, and provincial incarcerations equal to or greater than one month in length. The mean number of incarcerations less than a month was 1.73 ($s=2.04$). Some subjects had no incarcerations of this type, while the largest number any subject had was 9. This data was unavailable for 6 subjects. Mentally disordered offenders had a mean of 1.36 previous incarcerations of less than a month ($s=1.65$). For this group, the smallest number of prior incarcerations of this length was 0 while the largest was 6; information regarding this variable could not be found for 5 of the mentally ill subjects. In the non-mentally disordered group of inmates, the mean number of prior incarcerations less than 30 days was 2.12 ($s=2.33$); data was missing for one subject in this group. Among these individuals, some had no incarcerations of this type and at least one individual had experienced 9 such prior incarcerations.

When prior incarcerations equal to or greater than a month were considered, the 121 subjects for whom there was data available had a mean of 4.24 ($s=5.29$); the number of such incarcerations ranged from 0 to 30. The mentally disordered group had a mean of 4.26 ($s=5.63$), with 0 the smallest number of such incarcerations for any subject, and the largest 30. The number of such incarcerations was not available for 6 of the mentally ill offenders. Non-mentally ill offenders had a mean of 4.22 incarcerations of more than a month ($s=4.96$); data about such incarcerations was unavailable for just

one subject. The smallest number of these incarcerations among the non-mentally ill was 0, the largest 23.

In general, few subjects had experienced a prior federal incarceration, that is, an incarceration of 2 years or more. The mean number of prior federal incarcerations was 0.62 ($s=1.40$); the greatest number of such prior incarcerations was 11. The mean number of prior federal incarcerations in the mentally ill group was less than one (0.35, $s=.79$); in this group, the fewest number of prior federal incarcerations was 0 and the greatest was 4. Five mentally ill individuals had 2 or more prior such incarcerations. Among the non-mentally ill offenders the mean number of prior federal incarcerations was 0.90 ($s=1.81$); the number of prior federal incarcerations in this group ranged from 0 to 11. Twelve members of this group had 2 or more prior such incarcerations.

Index offences, the offences for which the individual was first incarcerated during the time frame selected, were divided into the categories of minor, moderate, serious, and major offences (see appendix 3). The smallest proportion of subjects in this study (3.15% or 4 individuals), were incarcerated in the federal prison system for a minor offence. The number of subjects (56 or 44.09%) committing moderate offences and the number of subjects committing serious offences (51, or 40.16%) were similar. The remaining 16 (12.60%) offenders committed a major index offence. Among the mentally ill subjects 52.24% committed a serious index offence, and 16.47% committed a major index offense. Moderate and minor offenses were committed by 26.87%, and 4.48% of the mentally ill subjects respectively.

Table 4
Previous Federal Incarcerations: Population and Group

PREV. FED INCARCERAT	CANADA	PACIFIC	NON ILL	ILL
0	59.8%	59.5%	61.67% (37)	73.13% (49)
1	17.2%	15.1%	16.67% (10)	13.43% (9)
2	10.3%	11.5%	8.33% (5)	4.48% (3)
3	5.5%	6.4%	6.67% (4)	1.49% (1)
4	3.0%	3.3%	0	1.49% (1)
5	1.7%	1.5%	3.33% (2)	0
6	1.0%	1.3%	0	0
7	0.4%	0.2%	0	0
8	0.2%	0.3%	0	0
9	0.1%	0.2%	0	0
10+	0.2%	0.2%	1.67% (1)	0
unknown	0	0	1.67% (1)	5.97% (4)

Note. Bracketed numbers represent actual numbers of persons.

Non-mentally ill subjects committed more moderate index offenses (63.33%), than other types. Among these individuals, 26.67% committed serious offences and 8.33% committed major offences. One non-mentally ill subject (1.67%) was incarcerated in the federal penal system for a minor offense.

The offences for which subjects most often received their index sentence included robbery (14.17%), break and enter (13.39%),

armed robbery or attempted armed robbery (12.60%), and 1st degree, 2nd degree, and attempted murder (11.02%). The only other index offence committed by more than 4% of the subjects, (9.45%), was violent sex offences . The index offences for which the largest number of mentally ill subjects (10 or 14.92%), were incarcerated were 1st degree, 2nd degree, or attempted murder, and armed robbery or attempted armed robbery (10 or 14.92%). The next largest proportion of the mentally ill group committed violent sex offences (9 or 13.43%) followed by 11.94% (8 individuals) who committed a break and enter.

The index offense for which the largest number (12, or 20.34%) of non-mentally ill subjects, were incarcerated was robbery. Nine non-mentally ill individuals, (15.25%) had an index conviction of break and enter while (10.17%) were convicted of armed robbery or attempted armed robbery. Four individuals (6.67%) from this group of prisoners were convicted of 1st degree, 2nd degree, or attempted murder. For the complete distribution of index offence type for all subjects please refer to Table 5.

The index sentences received by subjects in this study ranged in length from 24 months to 300 months; on average, subjects were sentenced to 51.871 months ($s=42.33$). The index sentences received by mentally ill individuals ranged from 24 months to 300 months; the average index sentence length was 56.781 months ($s=54.397$). Among non-mentally ill subjects index sentences ranged from 24 to 132 months; the average index sentence length was 46.591 months ($s=22.682$). These figures do not include individuals with life sen-

tences since the range and average length would not be computable using an indeterminate term.

Table 5
Index Offense: Mentally III and Non-mentally III

Index Offense	Mentally III	Non-III	all subjects
prostitution	0	1.69% (1)	0.79% (1)
possession stolen property under	0	1.69% (1)	0.79% (1)
public mischief	2.98% (2)	0	1.57% (2)
willful damage	1.49% (1)	0	0.79% (1)
threats	1.49% (1)	0	0.79% (1)
trafficking, possession for purpose	0	6.78% (4)	3.15% (4)
forgery	0	1.69% (1)	0.79% (1)
fraud	0	3.39% (2)	1.57% (2)
break and enter	11.94% (8)	15.25% (9)	13.39% (17)
negligence/death bodily harm	1.49% (1)	0	0.79% (1)
non violent sex off ie incest		5.08% (3)	2.63% (3)
robbery	8.96% (6)	20.34% (12)	14.17% (18)
theft over	2.98% (2)	3.39% (2)	3.15% (4)
possession stolen prop over	0	5.08% (3)	2.63% (3)
weapon dangerous purpose	0	1.69% (1)	0.79% (1)
robbery with violence	5.97% (4)	1.69% (1)	3.94% (5)
violent sex offenses	13.43% (9)	5.08% (3)	9.45% (12)
arson	1.49% (1)	0	0.79% (1)
conspiracy traffic dangerous drug	0	1.69% (1)	0.79% (1)
traffic dangerous drug	1.49% (1)	1.69% (1)	1.57% (2)
manslaughter	5.97% (4)	0	3.15% (4)
extortion	0	1.69% (1)	0.79% (1)
armed robbery or attempt	14.92% (10)	10.17% (6)	12.60% (16)
unlawful confinement	2.98% (2)	1.69% (1)	2.36% (3)
wounding with intent	1.49% (1)	0	0.79% (1)
aggravated assault	4.48% (3)	3.39% (2)	3.94% (5)
murder/ 1st 2nd and attempt	14.92% (10)	6.67% (4)	11.02% (14)
kidnapping hostage taking	1.49% (1)	1.69% (1)	1.57% (2)

Note. Bracketed numbers represent actual numbers of persons.

Correctional institutions were located on a seven point scale ranging from minimum to maximum security level (see appendix 4). When security level of initial penitentiary placement following conviction for the index offense was examined, it was found that the largest proportion of subjects, (38.58%) were sent to a low maximum institution.; the next largest proportion of subjects, (26.77%) were placed in a maximum security institution, 6.30% were placed in a medium level correctional facility, and 13.39% were placed in a low medium level facility. One individual, was placed in a special handling unit. Penitentiary placement data was unavailable for 4 (3.15%) subjects. Among the mentally ill, 31.34% were placed at the low maximum security level whereas among the non-mentally ill 46.67% were placed at the low maximum security level. Fourteen mentally ill subjects, who comprised 20.90% of the mentally ill sample and 11.02% of the entire sample, were placed at the Regional Psychiatric Centre. This Centre houses offenders posing a variety of levels of risk to security from low to maximum. None of the non-mentally ill offenders were placed in this facility.

Frequency and Duration of Admissions to Regional Psychiatric Centre (Pacific)

The mean number of admissions to the Regional Psychiatric Centre experienced by mentally ill subjects during their index sentence was 2.43 ($s=1.90$). The fewest admissions experienced by a subject was 1 and the largest number of admissions was 12. date. Subjects with one admission made up 38.8% of the sample, subjects with 2 admissions, made up 23.88% of the sample, and subjects with

3 admissions made up 19.40% of the sample. Smaller proportions of subjects experienced 4 admissions (8.96%) or more than 4 admissions (4.48%). It should be noted that the length of sentence has not been taken into account, however, in a limited effort to determine the effect on the mean, the individuals with the longest sentences, the murders, were removed from the calculation. The mean number of admissions to the Regional Psychiatric Centre (Pacific) during subjects' index offense was then 2.26 ($s=1.80$). The individual with the greatest number of admissions was not a murder.

The duration of stay at the Regional Psychiatric Centre (Pacific) ranged from 1 day to 80.8 months or 6.7 years. The person who spent the longest period at the Centre was not a murder. Although there were 163 admissions spanning index incarceration and later incarcerations in the follow up period, the average length of stay of 9.48 months ($s=13.54$) was calculated from the 156 admissions for which both transfer dates were available. The proportion of admissions of 2 months or less was 25.64%, the proportion of admissions of 1 year or less was 46%, and the proportion of admissions of 2 years and over was 8.97%.

Legal Issues Regarding Mental Health

Not surprisingly, there was a large difference between the two groups of offenders regarding certification under the mental health act. Among the mentally ill, 68.66% had been certified on at least one occasion. Only one of the non-mentally ill offenders had ever been certified. Certification is correlated with percentage of index sentence served $r=.2912$, with living arrangements $r=-.3352$, and

release type from index incarceration $r=.3574$. Individuals who are certified are more likely to have no fixed address, serve a greater proportion of their sentence, and be released on mandatory supervision as opposed to parole.

Of the mentally ill prisoners, at least 18 (26.82%) had at some point in their criminal history been referred for a fitness assessment; this was true of just 1 (1.67%) of the non-mentally ill prisoners. Among the mentally ill offenders 16 (23.88%) were referred for a fitness evaluation prior to the trial for their index offence. Five of the mentally ill offenders were at some point found unfit.

Transfers and Release

When individuals with life sentences were excluded from calculations, the number of transfers between correctional institutions for inmates in this study ranged from 0 to 26. Some inmates, (17 or 13.39%) remained in the institution in which they were originally placed; however, most subjects, (72 or 56.69%) experienced between 0 and 3 transfers during the course of their index sentence. Seven or more transfers were experienced by 18 (14.17%) of the subjects during their index term of incarceration. The number of transfers experienced by mentally ill subjects ranged from 0 to 26. Among the mentally ill 2 men (2.99%) enjoyed the stability of never having been transferred from their original penitentiary placement. Seven or more transfers between institutions were experienced by 13 (19.40%) of the mentally ill offenders. Three or fewer transfers were experienced by 30 (44.78%) of the mentally ill. The number of transfers among non-mentally ill offenders ranged from 0 to 14. One

quarter of the non-mentally ill offenders were never transferred from their original penitentiary placement. Few mentally disordered inmates (8.33%) were transferred seven or more times during their index sentence. The majority (70%) of non-mentally ill subjects were transferred 3 times or fewer.

The two groups were examined for the type of initial release granted from their index sentence. Data regarding release type was missing for four of the subjects (3.15%). Those not released at the time of this study comprise 11.81% of the sample; a greater proportion (18.11%) had been released on full parole, but most subjects (58.27%), had been released on mandatory supervision. Three subjects (2.36%) were released on one shot mandatory supervision, meaning that if they were unsuccessful on release they would be reincarcerated until the expiry of their sentence. Four subjects (3.15%) were not released until their warrant expiry date. Three subjects (2.36%) died while in prison and 1 subject was transferred from the federal correctional system to the provincial system. Data was missing regarding release type for three of the mentally ill subjects and for one of the non-mentally ill subjects. Among the mentally ill offenders 8.96% were not released at the time of the data collection, 10.45% were released on full parole, 64.18% were released on mandatory supervision, and 4.48% were not released until expiration of their sentence. Among subjects who had not been diagnosed with a mental illness 15% had not been released, 26.67% were granted full parole, 51.67% were released on mandatory supervision, and 1.67% were released at the expiration of their sentence.

Of the mentally ill subjects, 5 were formally detained for varying periods during their index offense. Some were detained until their warrant expiry date, others were not. One of these men was making threats against a member of the provincial cabinet, had refused treatment, and was considered to be unpredictable; his index offense was manslaughter. Another individual who had no prior criminal history but whose index offence was attempted murder was detained because he refused to take his medication. It was also noted that this man had to wait to be released until a placement was available for him in the community. One mentally ill subject convicted of robbery successfully appealed his detainment. The final mentally ill subject who was detained in relation to his index was convicted of uttering threats; reasons given for his detainment were his mental condition, his refusal of medication, lack of a supervisor or program that could provide adequate protection for the public on his release, and certainty that he would reoffend. In addition, although not given as a reason for detainment, it was noted that this individual had attempted to cut a nurse's throat while in prison. Only one non-mentally ill subject, a violent sex offender, was considered for detainment however, he was not detained.

Three more mentally ill subjects voluntarily remained in prison until their warrant expiry date by waiving their release on Mandatory Supervision. The most noteworthy of these was a man whose index offense was aggravated assault. He had no previous criminal history, a grade two education, was 56 years old at the time of his index offense, and had been certified and living continuously at Riverview Mental Hospital from 1955 to 1980. Of those non-

mentally ill subjects who received their initial release beyond the two thirds mark of their index sentence none had waived their Mandatory Supervision that I could ascertain. Three mentally ill subjects had their Mandatory Supervision date moved past the two thirds point in their sentence, one as a result of committing offences while incarcerated, another as a result of a day parole revocation, and the third because he had served part of his term in Peru and he was considered to be an unknown quantity to the Correctional Service of Canada. Three non mentally ill subjects also had their Mandatory Supervision date moved but it was not possible to ascertain the reasons for this.

None of the subjects had been granted one shot mandatory supervision in their history although 2 mentally ill offenders and one non-mentally ill offender were granted one shot mandatory supervision for their index offense. One of the mentally disordered offenders was the only person successful on this form of release.

When murderers were excluded from consideration, subjects on average served 66.3% ($s=14.1\%$) of their sentence prior to their initial release. Murderers could not be included in this calculation since they do not have a warrant expiry date. Mentally ill individuals served a mean of 69.6% ($s=12.6\%$) of their sentence prior to initial release. Non ill offenders served a mean of 62.4% ($s=14.91\%$) of their sentence. A stepwise regression equation indicated that whether or not a person was certified under the mental health act contributed the most significant, albeit small (7.24%) amount of variance in predicting the proportion of the index sentence an individual would serve prior to initial release (regression $ss=.1510$,

df=1, ms=.1510, F=7.41). All other variables dropped out of the equation including age, group membership, number of prior offences, number of previous federal incarcerations, number of provincial incarcerations greater than 30 days, provincial incarcerations less than 30 days and the seriousness of the index offence. When certification was removed from the equation the next best predictor was group membership, accounting for 4.44% of the variance, regression ss=.0927, df=1, ms=.0927, F=4.42. All other variables dropped out of the equation.

On average, subjects in this study served 73% (s=16%) of their sentence, although the amount served ranged from 33% to 100%. Mentally ill offenders in our study served a mean of 77%, (s=14%) of their index sentences while offenders not suffering from mental illness served a mean of 69.% (s=17%) of their sentences. For mentally ill subjects, the range for percentage of sentence served was 36% to 100%; for non mentally ill offenders it was 33% to 100%. Again, murderers were not included in this calculation as they do not have a warrant expiry date. A stepwise regression equation indicated that whether an individual was certified or not was the best predictor of how much of the total index sentence they would serve, accounting for 9.24% of the variance (regression ss=2407.565, df=1, ms=2407.564, F=9.67). All other variables dropped out of the equation including age, group membership, number of prior offences, number of previous federal incarcerations greater than 30 days, provincial incarcerations less than 30 days, and the seriousness of the index offense. When certification was removed from the equation the next best predictor was group membership accounting for only

5.92% of the variance (regression $ss=1542.152$, $df=1$, $ms=1542.152$, $F=5.98$). All of the other variables dropped out of the equation.

Some subjects were unsuccessful on their initial release, returned to prison and were subsequently rereleased during our data collection period. Among the non-mentally ill subjects 22 or 36.67% were released and not returned to prison during their index sentence. Four non-mentally ill subjects (6.67%) were released on one occasion and were not successful, however, they were not re-released. Among the non-mentally ill, 14 subjects (23.33%) were released on two occasions during their index sentence and were successful on their second release. Four non-mentally ill individuals (23.33%) were not successful on their second release but were not re-released for a 3rd time. Only 3 non-mentally ill subjects (5.0%) were released for a third time during their index offence. Being released at warrant expiry was counted as a release during the index sentence because some individuals who were unsuccessful on release were sentenced for a new offence and were subsequently not released on the warrant expiry for their first offence. No individual appears in more than one of these categories.

Among the mentally ill subjects, 24 men (35.82%) were successful on their initial release. Six mentally ill offenders (8.96%) were not successful on their initial release but were not re-released. Thirteen mentally ill subjects (19.40%) were released twice during their index sentence and were successful on the second release. Four mentally ill subjects (5.97%) were unsuccessful on their second release but were not re-released. Three subjects in the mentally ill group (4.48%) were released three times during their in-

dex sentence. Only one mentally ill individual (1.49%) was released more than three times during his index sentence. He experienced 5 releases but committed a new offence and was not released again during his index sentence. As above, being released at warrant expiry was counted as a release during the index sentence because some individuals who were unsuccessful on release were sentenced for a new offence and were subsequently not released on the warrant expiry for their first offence. No individual appears in more than one of these categories.

Section II

Comparison of Subject Groups and Population Data

The test used to make comparisons between the population data, which was only available in percentages, and the subjects in this study was a standard one way goodness of fit in order to compare the distribution of the sample of subjects to the distribution of all federal offenders in Canada, and separately to the distribution of federal offenders in the Pacific region. It was found that although the distribution in age of the mentally ill offenders in the study was not significantly different from federal offenders in the Pacific region, it was significantly different than the distribution of age among all federal offenders in Canada ($\chi^2 = 24.572$, $df=9$, $p=.00348$). The age distribution of non-mentally ill offenders was significantly different than that of federal offenders found both the Pacific region ($\chi^2 = 26.108$, $df=9$, $p=.00196$), and all of Canada ($\chi^2 = 26.290$, $df=9$, $p=.00183$). The test does not allow for determination of where these two groups are significantly different with regards to age. A con-

servative Bonferroni correction of family wise error at the .05 level of significance grouping all 16 comparisons between population data would alter the level of significance required to .003. With this correction factor all significance levels noted above remain significant. This corrected significance level was also adopted for comparing the other variables of race, marital status, and prior federal incarcerations to the population data.

Differences in the racial composition of the mentally ill and non-ill groups were not found to be significant when a chisquare was calculated. Neither were significant differences found when a standard one way goodness of fit was calculated. The racial composition of both groups of subjects was similar to that found in federal institutions in both the Pacific Region and in the rest of the country.

Significantly more (68.66%) of the mentally ill subjects were single at the time of the index offence than non-mentally ill subjects (38.33%); of those prisoners diagnosed with a mental illness significantly less (4.48%) were married at the time of their index offence, than the subjects not so diagnosed (28.33%) Among the mentally ill, fewer subjects (7.46%) were involved in a common law relationship than the non-mentally ill subjects (20%), and , in addition, a significantly greater proportion (7.46%) of men in the mentally ill sample were separated than in the non ill sample (1.67%). ($\chi^2=22.772$, $df=4$, $p= 0.0001$). Comparisons between the mentally ill and non mentally ill samples on the demographic variables of of race, marital status, and living arrangements were grouped and a Bonferroni corrected significance level calculated $p=.003$. Even with

this more stringent significance level the difference remained significant. However, although all federal prisoners diagnosed with a schizophrenic or major affective disorder treated at the Regional Psychiatric Centre (Pacific) between January 1983 and December 1989 were included in the sample of mentally ill offenders, the minimum expected cell size was below five for this variable, making it difficult to draw a firm statistical conclusion.

The distribution of marital status among the mentally ill subjects was significantly different from that found among federal offenders in the Pacific region ($\chi^2=22.801$, $df=5$, $p=.00037$), and the country as a whole ($\chi^2= 22.457$, $df=5$, $p=.00043$). The marital status of non-mentally ill subjects was not found to be significantly different than that of other federal offenders in the Pacific region; however, the distribution of this variable for this group was significantly different than that of federal offenders in Canada as a whole ($\chi^2= 22.191$, $df=5$, $p=.00048$). Again, the standard one way goodness of fit used to examine the differences between population and sample distributions does not shed light on how the two distributions are different, only that they are. These differences remain significant even when the conservative Bonferroni correction factor for the population data altering p to .003 is used.

A greater proportion of mentally ill subjects (28.36%) than non mentally ill subjects (3.33%) were found to be living in a hotel or without a fixed address at the time of their index offense. Among the mentally ill, 49.25% were living independently somewhere other than in a hotel or with no fixed address; this was true of 66.67% of the non-mentally ill subjects. A chisquare was calculated and these

differences were significant ($\chi^2=14.781$, $df=2$, $p=0.0006$). They remained significant following comparison to the conservative Bonferroni corrected significance level of $p=.003$ for comparison on demographic variables between groups of subjects in this study. However, the minimum expected cell size was again too small to place great reliance on this significance test.

When a chisquare was calculated it was found that the difference in number of prior federal incarcerations between the mentally ill and the non-mentally ill subjects was not significant. There was also no significant differences in the distribution of number of prior federal convictions between either group of subjects in this study and the distribution among federal offenders in the Pacific region or the country as a whole.

A greater proportion of mentally ill offenders, (68.66%) than non-mentally ill offenders, (35%), committed index offenses that were classified as serious, or major. Most non-mentally ill offenders, (63.33%), committed index offense considered moderate in severity. These differences were found to be significant, ($\chi^2=17.138$, $df=3$, $p=0.0007$). The chi-square remained significant when the Bonferroni corrected significance level of $p= .016$ for pre incarceration variables was used. However, the minimum expected cell size was again too small to place great reliance on this significance test. Although there was a difference in types of offences there was no significant difference between the two groups in lengths of sentences received for index offences ($\chi^2=8.750$, $df=8$, $p=.364$). However, it should be noted that the minimum expected cell size was again below 5.

The differences in security level of penitentiary placement between the mentally ill and non-mentally ill prisoners, where greater numbers of non-mentally ill were placed in a low maximum facility, and 20.90% of the mentally ill were placed in the Regional Psychiatric Centre, were found to be significant ($\chi^2=16.331$, $df=5$, $p=0.0060$). However, once again the minimum expected cell size was too small to place great reliance on this significance test.

Not surprisingly it was found that subjects in the mentally ill group were significantly more likely to have been certified than other subjects ($\chi^2=60.934$, $df=1$, $p=0.0000$, Yates corrected $\chi^2=58.095$, $df=1$, $p=0.0000$); the difference remains significant when the Bonferroni corrected p level of .005 for mental health variables is used. Mentally ill offenders were significantly more likely to be referred for an assessment regarding their fitness to stand trial ($\chi^2= 16.092$, $df=1$, $p= 0.0001$, Yates corrected $\chi^2= 14.155$, $df=1$, $p=0.0002$); the difference remains significant when the Bonferroni corrected p level of .005 for mental health variables is used.

There was no significant difference between the two group of subjects regarding type of release from federal prison. The majority of subjects were released on Mandatory Supervision.

Mentally ill individuals on average served a greater proportion of their sentence (69.6% $s=12.6\%$) prior to initial release than did non ill offenders (62.4%, $s=14.9\%$); the difference was significant at the .06 level, ($\chi^2= 5.532$, $df=2$, $p= 0.063$). When family wise error rate for proportion of sentence served family of variables was taken into account and the significance level adjusted to $p=.025$ the dif-

ference was not considered significant. Murderers were not included in this calculation since they do not have a warrant expiry date.

Mentally ill offenders served a greater proportion of their sentence overall (77.%, s=14%) compared to the non-mentally ill (69.%, sd=17%) when time served upon return to prison prior to warrant expiry date was taken into account. This difference was found to be significant ($\chi^2=9.119$, $df=2$, $p=0.010$). When family wise error rate for proportion of sentence served variables was taken into account and the significance level adjusted to $p=.025$ this difference remained significant. Murderers were not included in this comparison.

Chapter 5

Discussion

The mentally ill offenders in this study were characterized by their lack of financial and social supports when compared with other offenders. This was evidenced by their increased likelihood of having no fixed address, or to be living in a hotel, often in the economically depressed area of Vancouver. It was known that at least one of these men was not collecting the government supplied financial assistance for which he was eligible. Although these men were more likely to be in their late thirties they were also more likely to be single and less likely to be involved in a marriage or common-law relationship. This was not surprising given Frank and Gertler's (1991) finding that mental disorder decreases the probability of marriage for males and increases the chances of being divorced by age 35.

Mentally ill offenders were unlikely to have a prior federal incarceration yet these men were significantly more likely to have committed serious and major crimes such as aggravated assault and murder than men not so afflicted. It appears that the mentally ill in this sample do commit minor crimes that come under provincial jurisdiction, and major crimes that come under federal jurisdiction, but do not commit moderate crimes which lead to federal incarceration. As a result of the use of official records, Teplin (1985) would suggest that the category of crime may only have a vague resemblance to the actual criminal event. Perhaps the non mentally ill are able to obtain better legal advice, or are better able to instruct their counsel, and as a result plea bargain their way to a conviction

of a lesser offense. Alternatively, it may be that this result is a artifact of the categories of crimes used or that for crimes that might be considered moderate, and for which sentencing could encompass provincial or federal lengths of time, mental illness is more likely to be taken into account as a mitigating factor. Judicial discretion may result in a greater likelihood of being sentenced to provincial than federal time. When the crime is serious or major the safety of the public must be taken into account and there is often less room for judicial discretion. In such a case the mentally ill offender must serve federal time.

Although their crimes were more serious the mentally ill were not sentenced to greater lengths of incarceration than were the non-mentally ill. It seems possible that once the threshold has been crossed into federal length sentencing that judicial discretion may again provide some leniency to the mentally ill. It appears that at the point of sentencing the mentally ill are viewed as being in greater need of treatment than deterrence through a lengthy term of incarceration, and they are placed in the Regional Psychiatric Centre. An example of a case in which it seems likely that treatment may have been viewed as being of greater benefit than a lengthy prison term was that of the mentally ill subject who was convicted of arson, a serious offence, and received a sentence of 25 months. This man had inadvertently burned down his hotel, placing the lives of it's occupants in jeopardy. He had built a fire in his doorway in an effort to keep out the demons he believed to be entering his room. In further support for the suggestion that judicial discretion at sentencing may be influenced by the presence of an offender's mental

illness, it may be noted that there were mentally ill offenders specifically referred at the time of sentencing to the Regional Psychiatric Centre for treatment. The mentally ill offender may have done something society considers to be "bad" and deserving of punishment, but he is also "mad"; it appears that at sentencing the mad label takes precedence.

It is possible that at sentencing a judge will take into account the amount of time a mentally ill individual spent on remand for a fitness to stand trial assessment, however this study does not include data which can adequately address that question, and it is also possible that time in a remand facility was not taken into account at sentencing for the 26.82% of the mentally ill offenders who were remanded for fitness. Although it was not possible to discover the amount of time spent on remand for each individual referred for assessment, at least one individual was held for approximately 33 months before being considered fit to stand trial.

It appears that the mentally ill in this sample are differentially subjected to prison transfers during their incarceration as postulated by Toch (1982). Only 2.99% enjoyed the stability of a single placement during their prison term, compared to 25% of the non-mentally ill. More than twice the proportion of mentally ill individuals than non-ill individuals experienced seven or more transfers during their incarceration. Unfortunately because of the manner in which data was coded and entered for analysis in this study it was not possible to determine if the greater number of transfers of the mentally ill occurs solely as a result of their more lengthy incarceration. It may be that if the non-mentally ill served as great a

proportion of their sentence as do the mentally ill that they too would experience the same numbers of transfers. However, some of the information that was recorded but not quantified suggests that Toch's suspicions are likely true and deserving of closer examination. Incidents were recorded of mentally ill inmates having been physically assaulted and subsequently transferred for their own protection and of having been transferred because of sexual victimization. Some non-mentally ill prisoners were possibly also transferred because of victimization; however, it seems likely that the bizarre and socially inappropriate behavior the mentally ill exhibited as a result of their periodic psychotic states and delusional systems rendered them both particularly difficult to deal with and particularly vulnerable to victimization. One mentally ill inmate was documented as having been transferred as a result of violence attributed to his mental illness and inmates did experience transfers because they required psychiatric treatment.

Another factor influencing the number of transfers experienced by the mentally ill may be the nature of the facilities and services available to these men. Institutions that are strictly correctional in nature likely do not have the facilities available to manage the inmate's mental illness, but Regional Psychiatric Centres may be able to offer only limited terms of treatment in some cases. Toch proposes that shuttling the mentally ill back and forth between treatment and correctional facilities is an index of their unpopularity, however, another important factor may lie in the adequacy and availability of resources. The mentally ill offender

may have to get back on the bus to make room at the treatment centre for his equally unpopular but also equally needy fellow inmate.

It initially appeared that mentally ill prisoners served a greater proportion of their sentence prior to their initial release than did the non-mentally ill, although there was no significant difference in release type; however, this effect failed to hold its significance when a correction was made for familywise error rate. Although there is no significant difference between the two groups there appears to be a trend for mentally ill offenders to serve a greater proportion of their sentence prior to their initial release. A study focusing exclusively on forms of release might make up for the lack of available data in the present study; that is examination of Day Parole as well as other forms of conditional release would be helpful. For the purposes of this study, Day Parole was not as clearly documented and so was much more difficult to understand and report than other forms of release. It appeared to be a different experience for different inmates; for example, some inmates returned to the institution at night while others resided in a correctional halfway house in the community. This study examined conditional release only when it constituted residence in the community- Full Parole and/or Mandatory Supervision. It is not possible therefore, to comment on the experience of the sample on this form of release. The examination of release on Day Parole could certainly shed light on the trend of mentally ill inmates to serve a greater proportion of their sentence prior to what has been referred to as their initial release in the context of the present study. It is possible that the mentally ill were granted a Day Parole release but were unsuccess-

ful and so their subsequent full parole release was delayed. The impression gleaned from examining offender's files is that this was not the case for the mentally ill. They appeared to rarely receive Day Parole, however, the non-mentally ill seemed more likely to receive this form of release. However, empirical data is required before any reliable conclusions can be reached. It is possible that the inclusion of Day Parole as a release form might increase the difference between the two groups, thus making the finding of significant difference more robust. Moreover, it may be that mentally ill individuals granted Day Parole serve it differently than non mentally ill offenders, perhaps being more likely to return to the institution at night. It may also be that different factors are considered in determining suitability for this form of release for mentally ill offenders compared to non-mentally ill offenders. Research in this area in the future would be best served by a longitudinal design, following the inmates as they serve their sentence and become eligible for Day Parole, rather than attempting to reconstruct the individual's experience through official records, and by a study focusing specifically on forms of release for mentally ill and non-mentally ill offenders.

On average, mentally ill subjects served slightly more than the two thirds of their sentence, at which point they are legally guaranteed to be released on Mandatory Supervision. When this puzzling occurrence was examined more closely it became apparent that there were a variety of legitimate mechanisms that could, and did cause this to occur. Legal motions to detain an inmate under the criminal code were applied more frequently to the mentally ill. During the sentence for their index offense five mentally ill offenders were

formally detained beyond their Mandatory Supervision date; some individuals were detained until their warrant expiry date while others were detained for a shorter period. Although it appears that the "mad" label takes precedence at sentencing, it seems that the "bad" label may supersede it at the time of potential release.

In several cases, the Mandatory Supervision date of mentally ill subjects was changed. Reasons for this ranged from an inmate having been transferred from a foreign prison to the commission of offenses while in prison. Finally, in regards to one individual it was not possible to discover for certain why he had not been released on his Mandatory Supervision date but it was suspected that because he was a violent sex offender it may have been especially difficult to find a placement for him; following a subsequent sexual assault while on release this man was detained as a Dangerous Offender. Only one non-mentally ill offender was considered for official detainment during the sentence for his index offense but he was not detained. It was not possible to determine why several (3) other non-mentally ill inmates either had their Mandatory Supervision date moved or were released late on Mandatory Supervision.

Upon further examination of the data in an attempt to ascertain why the mentally ill serve a greater total proportion of their sentence, it was discovered that a number (8) of these individuals were certified and transferred directly to Riverview Mental Hospital upon release at Mandatory Supervision, or Warrant Expiry, during the period of data collection. It seems probable that if these individuals are certified, or are functioning in a manner that makes certification seem likely, they would not be considered appropriate for re-

lease when they are eligible early in their sentence. For these individuals it may be that the symptoms of their mental illness caused them to serve a greater proportion of their sentence than they would have, had they not been afflicted with a mental illness. If this is the case then they are serving time in a correctional institution because they require treatment in a mental health facility, which is problematic.

Some mentally ill individuals chose to serve more of their sentence within a correctional institution than they were legally required to. During their index sentence, a few (3) mentally ill individuals waived their possible release on Mandatory Supervision. One might wonder why anyone would choose to remain in a federal penitentiary if they did not have to considering that incarceration is imposed as and generally assumed to be a punishment. Upon further examination of both sentences for index offenses and follow up data it became clear that some mentally ill individuals view prison as the best available resource for meeting their needs. At some point in their index sentence or follow up period, numerous (8) mentally ill subjects waived various forms of release including Mandatory Supervision. At one point in their sentence, two individuals waived their release on Mandatory Supervision and were later released. They were unsuccessful on release and again waived their Mandatory Supervision. A subsequent release was no more successful.

Perhaps more surprising than the men who did not want to leave once they were in prison were those individuals (6) who were documented by correctional personnel to have purposefully committed their index offenses or offenses while on release, or petitioned the

judge for a longer sentence, so that they might qualify for treatment at the Regional Psychiatric Centre, a federal facility. One of these men had stolen a roast while on Mandatory Supervision in order to get back into the Regional Psychiatric Centre. He was known by correctional personnel as a fellow who saw the Regional Psychiatric Centre as the closest thing he had to a home. The parole board stated that they felt that he "may reoffend to re-enter the security/safety of the system he knows best". One mentally ill subject reported that he broke windows while on release so that he could go back to prison because he had run out of money for coffee and cigarettes. Still another mentally ill offender sought federal time because he needed some dental work attended to and wanted some urological abnormalities repaired. Although most mentally ill offenders appeared to have extremely limited resources one man had eleven thousand dollars in the bank yet still requested to return to the Regional Psychiatric Centre while on release because he felt that he could not cope. It appears that a subset of the mentally ill seek out the resources and care provided there, viewing its correctional function as secondary in importance.

Judicial discretion at the time of sentencing in referring an offender for a fitness assessment, or granting federal time that they might get treatment at the regional psychiatric centre, and that of correctional personnel at the time of eligibility for release, may, albeit with the best of intentions, increase the amount of time the mentally ill are incarcerated. Individuals who are incapacitated by their mental illness to the degree that they cannot function to provide basic necessities such as food and shelter for themselves, may

be viewed as better off having these needs met in an institution that also supplies constant supervision (Toch and Adams, 1987). That resulting institutional placement is prison, possibly because of a lack of suitable alternative long term placements, and because of the socially unacceptable behavior for which the person was arrested.

Chronically ill psychiatric patients are generally considered to be a severely disabled population with limited resources who are economically deprived, and who require help in arranging for basic necessities such as food , shelter, medical care, and social support (Bachrach 1984). Bachrach (1984) noted that prior to deinstitutionalization, all of these services could be provided in a single setting, the state mental hospital. However, through the process of deinstitutionalization the provision of a refuge of safety and security (asylum) for the mentally ill has been destroyed. According to Bachrach, asylum is not a function that is easily quantified, or described, and does not tend to show up in program evaluations. It seems that a subset of the chronically mentally ill in the federal correctional system request to go psychiatric facilities, and request to remain there, because the correctional system is providing them with asylum. One individual actually described the Regional Psychiatric Centre as his "home" portraying the staff and other inmates as familiar sources of support. Bachrach (1984) purports that we need to provide different forms of services that are functionally equivalent, especially in providing asylum. Some mentally ill in the Pacific Region appear to have determined that the correctional system can provide them with asylum through the Regional Psychiatric Centre. A particular example in which the Regional Psychiatric

Centre appeared to be functionally equivalent in providing asylum occurred in the case of the 56 year old mentally ill offender who had no previous criminal history and a grade 2 education. He had been certified, and lived at Riverview Mental Hospital continuously from 1955 to 1980; he waived his release on Mandatory Supervision and was certified and returned to Riverview at the expiration of his sentence. Whether or not the Correctional Service of Canada wants to be, or ought to be, providing this service of asylum is of course another issue.

Another question raised by the study of mentally ill offenders seeking living arrangements at the Regional Psychiatric Centre is that of the availability of asylum from other services in the community. Do services providing asylum exist? If they exist are individuals who are both "bad" and "mad" excluded by virtue of the "bad" label taking precedence? Does this subset of the mentally ill exclude themselves from the available civil resources and avail themselves of correctional resources because they would rather be viewed as "bad" than "mad"? Clearly further investigation is warranted if we are to truly understand the dynamics of this group of mentally ill offenders' participation in the criminal justice and mental health systems.

Waiving their release, and being detained more frequently may in part account for why mentally ill individuals served a greater total proportion of their sentence than non-mentally ill subjects but, in addition, the difference in proportion of sentence served may also be compounded by a lack of success on release. It may be that the mentally ill simply are successful on release less frequently

than the non mentally ill. Perhaps they are released less quickly for a second or third time following reincarceration. Following a review of prison records Toch and Adams (1987) suggest that imprisonment of disturbed offenders becomes more likely where questions can be raised about their abilities to cope in the community. Humanitarian ideals may be even more likely to influence the process at the point of second or third releases into the community when the offender has clearly demonstrated difficulty coping and providing for himself once the structure and supervision provided by prison is removed. These motives may be strengthened by the pleas of inmates who do not want to be released or who want to be let back in. It appeared that for a large proportion of mentally ill offenders community placements were extremely difficult to find at the time of conditional release although no quantitative data appropriate for answering this question is available. Often several community resources were approached before the inmate was accepted into a program or placement, or simply released into the community for the purpose of conditional release. Clearly the whole area of success on release and the availability of appropriate community resources for conditional release bears detailed examination, and could serve to supplement the findings of this study.

In 1983 Teplin outlined ways of increasing the usefulness of future research; those suggestions can be applied to several areas examined in this study. She notes that official records can only go so far in replacing observational data and it does seem necessary to heed this suggestion to gain the fullest possible understanding of the experience of mentally ill individuals incarcerated in federal

institutions. Longitudinal and observational studies of a much more detailed nature are necessary. This study has produced ideas regarding what might be most useful to examine, but numerous topics discussed in this paper require individual study that will involve a significant time investment and considerable diligence if an accurate picture of exactly what is occurring is to emerge. Topics might include the exact nature of the offense committed, rather than the recorded crime; the role of judicial discretion in sentencing the mentally ill, more detailed information regarding the reasons for transfer than official and rather uninformative categories; factors effecting the decision to grant different types of conditional release; and availability of appropriate resources on release, or success on release.

Although this project originally included looking at disciplinary infractions as a means of examining the functioning of the mentally ill in prisons, as did Toch and Adams (1986), this unfortunately was not possible within the time constraints and within the fiscal guidelines set at the outset of the project. Not only did data appear to be kept and/or stored unreliably in most cases, but the large variety of interacting factors that appeared to determine whether or not an infraction was formally documented and sequenced, rendered the collection of this variable meaningless unless a much more detailed approach was taken. For example, in the Regional Psychiatric Centre, one individual took a nurse hostage and as a result the special security forces in all of their protective gear were called in. This individual was not formally charged with a disciplinary infraction because the psychiatric facility is treatment

oriented and the prisoner was in the midst of a psychotic break and was refusing to take his medication; he was certified immediately following this incident. In contrast, another mentally ill subject was documented as having incurred a disciplinary infraction because he had 27 packages of noodles, several packets of salad dressing and jam, one red leather purse, and a stolen tape recorder in his cell. Some individuals received disciplinary infractions for contraband cigarettes or cursing at a guard and others appeared to have been involved in piping another inmate but were not sanctioned. These differences seemed to be a function of the interaction between the security level of the institution, the attitude of the particular correctional services officer involved, the nature of the offense, and the characteristics of the prisoner including the presence of mental illness. This area certainly merits study on its own however; one might speculate that the individuals who would suffer most greatly with regards to receiving disciplinary infractions would be the unidentified mentally ill incarcerated in an institution which did not have a treatment orientation. In such an instance, depression might be misinterpreted as sullenness or passive aggressiveness or just a general bad attitude, and punished.

This study is limited in its ability answer the multitude of questions regarding the functioning of the mentally ill in the federal prison system. All mentally ill subjects identified were receiving treatment at the Regional Psychiatric Centre at some point. There are those mentally ill in the system who either have not been identified as mentally ill, or who were not considered disabled enough to require treatment at the Regional Psychiatric Centre. The types of

crimes they commit, the lengths of their sentences, and the experiences they have while in prison may be vastly different from the mentally ill subjects in this study because of the quality of their functioning, because they may not be labeled as mentally ill or chronically mentally ill, or for other unidentified reasons.

Although all federal prisoners diagnosed with a psychotic or major affective mental illness treated at the Regional Psychiatric Centre (Pacific) in an eight year period were included in the sample of mentally ill offenders, the minimum expected cell size was below five for many of the statistical tests, making it difficult to draw firm statistical conclusions even when differences appeared to be significant. This is likely to continue to be a difficulty for researchers in this area due to the small number of these individuals in the federal prison system and the nature of the variables being examined. If other researchers are interested in further or repeated examination of this restricted group of mentally ill offenders they will need to broaden the base of their data collection to include either a larger cohort of subjects encompassing a period of time greater than eight years, or they will need to increase the number of Regional Psychiatric Centres from which they collect data. The latter may be a better option, since record keeping prior to the time frame studied here was not adequate, with diagnoses being much more difficult to determine. Alternatively, researchers who follow may decide to broaden the definition of mental illness and thus increase the numbers of individuals who will qualify for inclusion into their subject pool. This however would create new complications. Researchers might choose to narrow the possible responses to the

questions they ask which would improve the expected cell frequency but would result in a loss of information. They might then increase the number of questions asked about a given subject but this would increase their familywise error rate. The best alternative would appear to be gathering more subjects from additional Regional Psychiatric Centres, but, due to fiscal and time restraints, it may be that the results found and trends suggested by this study will have to wait for confirmation through replication by other similar studies with similar problems.

In light of the findings of this study, it appears that when the care of the mentally ill was shifted away from mental hospitals a necessary function of the institutional setting failed to be replicated in the community through other mental health resources. It seems that a subset of mentally ill individuals who commit crimes are not only being punished but are having their needs met in correctional institutions. They do not appear to be institutionalized at the judicial level, that is they do not receive longer sentences, however, it appears that the mentally ill are being institutionalized once they enter prison. These men serve a greater total proportion of their sentence than do their unafflicted fellow offenders, some of them because they would rather be in prison than out in the community, some because they are unsuccessful on release, and some of them because they are viewed as being unfit for release and are detained perhaps with a view to their own good. Many also serve time on remand for fitness assessments and so even when their human rights are being protected the result is increased time in correctional institutions. Keilitz and Roesch (1992) argue that although

the present doctrinal paradigm used to understand and improve justice and mental health interaction has proved useful we would be best served by a shift in paradigm. The new systems paradigm they propose would shift emphasis from legal doctrine and ideology to empirical enquiry focussing on the courtroom, courthouse, and the interactions of the justice and mental health systems. This new paradigm would be sensitive to the problems encountered when laws are translated into programs and practices at the level of the courthouse and the system. As noted by Steury, "Knowing the nature of the control exercised over the mentally disordered in the criminal justice system is critical to a useful definition of criminalization."(1991, p.335). Criminalization of the mentally ill may in fact be occurring in different ways at different points and places in the correctional system.

Wexler's (1992) concept of therapeutic jurisprudence, that is, the study of the law as a social force that may produce therapeutic or antitherapeutic effects, might also provide a useful new perspective on future studies. The determination of whether an offender should be released or detained is a legal process. Regardless of the reason for a delayed release, be it protection of the public, politics, lack of resources, or poor coping skills on the part of the mentally ill offender, the effects of the legal process can be examined for therapeutic and antitherapeutic effects.

It is not necessarily that mentally ill offenders do not need or desire the services that can be supplied by an institution but that they appear to be having these needs met by the correctional rather than mental health system. When these "mad" and "bad" individuals

are in the community it appears that the "bad" label takes precedence and they are denied access to many community mental health resources. At the point of sentencing it appears that the "mad" label is at the forefront of consideration and they in some cases are not sanctioned as severely as they might otherwise be. Once they enter prison, these mentally ill offenders serve a greater proportion of their sentence than do their non-mentally ill counterparts. This may be because the "bad" label reverts to the prominent position and persons involved in making decisions regarding release view it as more relevant to meeting their mandate. However, it appears that the mentally ill are sometimes viewed as being unable to maintain themselves in the community in a satisfactory manner on early forms of release as a result of their "mad" mental condition. This subset of mentally ill individuals appear to cope best with life when they can have their basic survival needs, treatment needs, and social support needs met under a single roof. This is recognized by the offenders themselves and by others in the correctional system; if these needs cannot be fulfilled elsewhere all parties will utilize correctional services to fill the gap.

On the basis of this study, it appears that male offenders in the federal prison system of Canada who have been identified as suffering from schizophrenia or a major affective mental illness requiring treatment at a Regional Psychiatric Centre are likely to be in their late thirties, single, and serving a sentence for a serious or major crime. Although they may have been incarcerated in the provincial prison system as a result of minor crimes, they are unlikely to have experienced a prior federal incarceration. These indi-

viduals are unlikely to serve their sentence at a single institution. It is probable that they will be incarcerated for a greater proportion of their sentence than a non-mentally ill offender with a similar length sentence and that they will be released on Mandatory Supervision.

TERM | | SENT | | | | | DATE | | | | | WED | | | | | | | | |
 ELIGIBILITY-FP | | | | | MS | | | | | RELEASE | | | | | | | | |
 RELEASE TYPE | | #MO BEF ELIG(FP) | | | | | #MO SERV | | | | | | | | |
 (1865-1908)

28. TIME BETWEEN RELEASE AND RETURN (DAYS)

TERM	TIME	(1950-1955)
TERM	TIME	(1956-1961)
TERM	TIME	(1962-1967)
TERM	TIME	(1968-1973)
TERM	TIME	(1974-1979)
TERM	TIME	(1980-1985)

29. CONDITIONAL RELEASE SUCCESS/FAILURE

TERM	S/F	TYPE OF S/F	TYPE OF VIOLATION	MEDS?
TERM	S/F	TYPE OF S/F	TYPE OF VIOLATION	MEDS?
TERM	S/F	TYPE OF S/F	TYPE OF VIOLATION	MEDS?
TERM	S/F	TYPE OF S/F	TYPE OF VIOLATION	MEDS?
TERM	S/F	TYPE OF S/F	TYPE OF VIOLATION	MEDS?
TERM	S/F	TYPE OF S/F	TYPE OF VIOLATION	MEDS?

(1986-2015)

30. SPECIAL CONDITIONS - F.P. AND M.S.

TERM	TYPE OF REL	CONDITIONS	
			(2016-2023)
			(2024-2031)
			(2032-2039)
			(2040-2047)
			(2048-2055)
			(2056-2063)

31. DETAINED BEYOND MS FOR INDEX OR FOLLOW UP? | | (2064)

32. EVER REFERRED FOR FITNESS? | | (2065)

33. TIME ON REMAND | | | | | (2066-2068)

34. REFERRED FOR THIS OFFENCE? | | (2069)

35. FINDING OF HEARING | | (2070)

36. COMMUNITY SUPPORT ON CONDITIONAL RELEASE

TERM	JOB	REL'P	VOC.ACH	REFERRED TO	MONEY	
						(2071-2081)
						(2082-2092)
						(2093-3003)
						(3004-3014)
						(3015-3025)
						(3026-3036)

Appendix 2

Coding Information for Offender Data

group: Mentally ill =0, Non-mentally ill =1

race: Caucasian=1, Native Indian=2, other=3

marital status: single=0, common law=1, married=2, sep=3, div=4

living arrangements: no fixed address/hotel=0, non-assisted=1, assisted=2

drug use: no=0, yes=1

code for length of life sentence=999.9

detained beyond mandatory supervision: no=0, yes=1

granted 1 shot mandatory supervision: no=0, yes=1

1 shot mandatory supervision success/failure: failure=0, success=1, doesn't apply=2

certified: no=0 yes=1

Transfer Reasons

0 = not stated

1 = psychiatric treatment

2 = correctional treatment

3 = revised security needs

4 = training

5 = psychological treatment

6 = medical treatment

7 = planning and release

8 = day parole

9 = protection

10= humanitarian/family

11= other

direction:0=same, 1=lower, 2=higher

conditional release: not=0, full parole=1, mandatory supervision=2, 1 shot **mandatory supervision**=3, expiry=4, death=5, transferred to provincial=6

conditional release success/failure: failure=0, success=1, doesn't apply=2

type of success/failure: not suspended=0, suspended then suspension cancelled=1, terminated=2, revoked but remission recredited=3, revoked with no recredit of remission=4

Special Conditions for Mandatory Supervision and Full

Parole:

0= abstain from intoxicants

1= abstain from non-prescription drugs

2= take medication as prescribed

3= attend treatment or counseling

4= no contact with victim

5= urinalysis/breathalyzer to be submitted to upon request

6= not to travel to specified area

7= no contact with children

8= attend sex offender treatment program

9= residence requirement (other than place released to)

referred for fitness: no=0, yes=1

referred for fitness this offense: no=0, yes=1

finding: fit=0, unfit=1 not apply=2

Community Support

job: nc=0, yes=1

family relationship: no=0, common law=1, married=2

community assessment: negative=0, absent=1, ambivalent=2, positive=3

vocational achievement: none=0, unskilled (no union no status)=1, semiskilled (dry wall, construction)=2, skilled (ticket)=3

released to: community=0, community corrections (halfway house)=1, mental health facility (non-hospital)=2, hospital=3

Institution Codes and Security Levels

*= closed

Pacific

Robson Centre*	805	1
Burrard Centre*	809	1
BC Penitentiary*	810	6
William Head	820	3
Pandora Centre*	825	1
Matsqui	831	5
Regional Psychiatric Centre	832	multi
Mountain	833	3
Agassiz*	834	2
Sumas Centre	835	1
Kent	836	6
Regional Reception Centre*	844	5
Elbow Lake	847	2
Ferndale	848	2
Mission	849	3

Ontario

Millhaven Special Handling Unit	601	7
Collins Bay	602	5
Kingston Treatment Centre	603	multi
Kingston	604	6
Bath	605	2
Keele Centre	608	1
Montgomery Centre	609	1

Atlantic

Dorchester	401	6
------------	-----	---

Quebec

Leclerc	501	5
Correctional Development Centre	502	6
Laval	503	6
Regional Reception Centre	504	multi
Archambault	505	6
Cowansville	506	4
Drummond	507	5

Prairie

Edmonton	701	6
Bowden	702	3
Drumheller	703	4
Portal House	704	1
Altadore	705	1
Saskatchewan Penitentiary	706	6
Stony Mountain	707	4
Regional Psychiatric Centre	708	multi
Sask'n Special Handling Unit	709	7

Appendix 3

Offence Categorization

These categories were developed by the SFU Criminology Research Centre from the case management handbook of Correctional Services of Canada.

Major Offences

First, Second-degree Murder and Attempted Murder
Assault causing or intended to cause serious injury, disfigurement, or mutilation
Kidnapping, forcible detention/abduction, and/or hostage taking
Hijacking of aircraft and/or piracy of sea vessels.
Treason
Espionage
Illegal possession and/or detonation of explosives likely to cause death
Violent terrorist activities

Serious Offences

Robbery with violence
Violent sex offenses (ie. sexual assault)
Arson
Sabotage
Conspiracy to traffic or import a dangerous drug
Trafficking and possession for the purpose of trafficking (dangerous drugs)
Trafficking in illegal firearms
Manslaughter
Extortion
Armed Robbery or Attempted Armed Robbery
Prison breach
Escape custody with violence
Unlawful confinement
Assault with a weapon
Use of a firearm while committing an offence
Wounding with intent

Aggravated assault
Attempted escape with intent
Mandatory Supervision Revocation

Moderate Offences

Possession of dangerous drugs
Trafficking, conspiracy, possession for the purpose of trafficking
(soft drugs)
Forgery
Fraud
Bribery
Forcible entry
Break and Enter/B&E and commit
Criminal negligence causing death or resulting in bodily harm
Non-violent sex offences(ie gross indecency, indecent assault, incest)
Robbery (excluding armed robbery and robbery with violence)
Escape (non-violent)
Theft over \$1000
Obstruction of justice and perjury
Possession of stolen property over \$1000
Possession of a weapon for a purpose dangerous to the public peace
Assault causing bodily harm
Drinking and driving
Refusing a breathalyzer
Possession of housebreaking tools
Theft of a motor vehicle
Dangerous driving
Assaulting a peace officer
Parole revocation

Minor Offences

Possession of stolen property under \$1000
Common assault
Possession of soft drugs
Theft under \$1000
Public mischief
Criminal negligence not resulting in bodily harm
Possession of a restricted or prohibited weapon
Possession of forged currency, passports, cheques
Unlawfully-at-large

Failure to appear
Breach of probation
Vandalism/Damage property/Willful damage.
False pretences
Breach Motor Vehicle Act

Appendix 4

Security Levels of Correctional Facilities

The federal institutions in which subjects in the study were placed were categorized within the following levels of security:

Minimum

Low medium

Medium

High medium

Low maximum

Maximum

Special handling unit

Regional Psychiatric Centres were set aside as a special category as they house inmates of all levels of security risk.

References

- Adams, K. (1986). The disciplinary experiences of mentally disordered inmates. *Criminal Justice and Behavior*, 13(3), 297-316.
- Adams, K. (1983). Former mental patients in a prison and parole system: A study of socially disruptive behavior. *Criminal Justice and Behavior*, 10(3), 358-384.
- Bachrach, L.L. (1984). Asylum and chronically ill psychiatric patients. *American Journal of Psychiatry*, 141, 975-978.
- Bachrach, L.L., & Lamb H.R. (1982). Conceptual issues in the evaluation of the deinstitutionalization movement. In G.J. Stahler and W.R. Tash (Eds.), *Innovative approaches to mental health evaluation*, (pp.139-161). New York:Academic Press.
- Barnes, G. & Towes, J.(1983). Deinstitutionalization of chronic mental patients in the Canadian context. *Canadian psychology*, 24, 22-36.
- Beck, J.C., Borenstein, N., & Dreyfus, J. (1984). The criminal defendant with identified mental disorder. *Bulletin of the American Academy of Psychiatry and the Law*, 12(4), 331-338.
- Beran, N. J., & Hotz, A. M. (1984). The behavior of mentally disordered criminal in civil mental hospitals. *Hospital and Community Psychiatry*, 35(6), 585-589.
- Bittner, E. (1967). Police discretion in emergency apprehension of mentally ill persons. *Social Problems*, 14, 278-292.
- Bonovitz, J., & Bonovitz, J. (1981). Diversion of the mentally ill into the criminal justice system: The police intervention perspective. *American Journal of Psychiatry*, 138, 973-976.

- Bonovitz, J., & Guy, E. (1979). Impact of restrictive civil commitment procedures in a prison psychiatric service. *American Journal of Psychiatry*, 136, 1045-1048.
- Borzecki, M., & Wormith, J.S. (1985). The criminalization of psychiatrically ill people: A review with a Canadian perspective. *The Psychiatric Journal of the University of Ottawa*, 10(4) 241-247.
- Daniel, A.E., Robins, A.J., Reid, J.C., & Wilfley, D.E. (1988). Lifetime and six-month prevalence of psychiatric disorders among sentenced female offenders. *Bulletin of the American Academy of Psychiatry and Law*, 16(4), 333-342.
- Durham, M.L. (1989). The impact of deinstitutionalization on the current treatment of the mentally ill. *International Journal of Law and Psychiatry*, 12(213), 117-131.
- Durham, M. L., Carr, H. D., & Pierce, G. L. (1984). Police involvement and influence in involuntary civil commitment. *Hospital and Community Psychiatry*, 35(6), 580-584.
- Dvoskin, J.A., & Steadman, H.J. (1989). Chronically mentally ill inmates: The wrong concept for the right services. *International Journal of Law and Psychiatry*, 12(213), 203-210.
- Fracchia, J., Canale, D., Cambria, E., Ruest, E., & Sheppard, C. (1976). Public views of ex-mental patients: A note on perceived dangerousness and unpredictability. *Psychiatric Reports*, 38, 495-498.
- Frank, R.G., & Gertler, P. (1991). Mental health and marital stability. *International journal of Law and Psychiatry*, 14, 377-386.
- Freeman, R.J., & Roesch, R. (1989). Mental disorder and the criminal justice system: A review. *International Journal of Law and Psychiatry*, 12(213), 105-115.

- Gingell, C. (1991). The criminalization of the mentally ill: An examination of the hypothesis. Unpublished doctoral dissertation, Simon Fraser University, Burnaby.
- Hodgins, S. (1988). The organization of forensic services in Canada. *International Journal of Law and Psychiatry*, 11, 329-339.
- Jemelka, R. Trupin, E., & Chiles, J.A. (1989). The mentally ill in prisons: A review. *Hospital and Community Psychiatry*, 40(5), 481-491.
- Keilitz, I., & Roesch, R. (1992). Improving justice and mental health systems interactions. *Law and Human Behavior*, 16(1), 5-26.
- Kirk, S., & Therrein, M. (1975). Community mental health myths and the fate of former hospitalized patients. *Psychiatry*, 38, 209-217.
- Kreft, K.M., & Brittain, T. H. (1983). A prisoner assessment survey: Screenings of a municipal prison population. *International Journal of Law and Psychiatry*, 6(1), 113-124.
- Kropp, P. R., Cox, D.N., Roesch, R., & Eaves, D. (1989). The perceptions of correctional officers toward mentally ill offenders. *International Journal of Law and Psychiatry*, 12(213), 181-188.
- Lamb, H. R. (1982). Young adult chronic patients: The new drifters. *Hospital and Community Psychiatry*, 33(6), 465-468.
- Lamb (1984). Deinstitutionalization and the homeless mentally ill. *Hospital and Community Psychiatry*, 35, 899-907.
- Lamb, H.R., & Grant, R.W. (1982). The mentally ill in an urban county jail. *Archives of General Psychiatry*, 39, 17-22.
- Lamb, H.R., & Grant, R. W., (1983). Mentally ill women in a county jail. *Archives of General Psychiatry*, 40, 363- 368.

- Leuchter, A. F. (1981). The responsibilities of the state for the prevention and treatment of mental illness among prisoners. *Journal of Forensic Sciences*, 26(1), 134-141.
- Morgan, C. (1981). Developing mental health services for local jails. *Criminal Justice and Behavior*, 8, 259-273.
- Pepper, B., & Ryglewicz, H. (1982). Testimony for the neglected: The mentally-ill in the post-deinstitutionalized age. *American Journal of Orthopsychiatry*, 52, 388-392.
- Reich, J., & Wells, J. (1985). Psychiatric diagnosis and competency to stand trial. *Comprehensive Psychiatry*, 26(5), 421-432.
- Roesch, R., & Freeman, R.J., (1989). Introduction. *International Journal of Law and Psychiatry*, 12(213), 99-103.
- Roesch, R., & Golding, S.L. (1985). The impact of deinstitutionalization. In D.P. Farrington and J. Gunn (Eds.), *Current research in forensic psychiatry and psychology: Aggression and dangerousness*, (pp. 209-239). New York: Wiley.
- Roesch, R., Eaves, D., Sollmer, R., Normadin, M., & Glackman, W. (1981). Evaluating fitness to stand trial: A comparative analysis of fit and unfit defendants. *International journal of of Law and Psychiatry*, 4, 145-157.
- Roy, C. (1977). New directions in forensic psychiatry: Implications for social medicine. *Canadian Mental Health*, 25, 15-18.
- Snow, W.H., & Hooper Briar, K. (1990). The convergence of the mentally disordered and the jail population. *Journal of Offender Counselling, Services and Rehabilitation*, 15(1), 147-162.

- Steury, E. H.(1991). Specifying "criminalization" of the mentally disordered misdemeanant. *The Journal of Criminal Law and Criminology*, 82(2), 334-359.
- Teplin, L.A., (1983).The criminalization of the mentally ill: Speculation in search of Data. *Psychological Bulletin*, 94(1), 54-67.
- Teplin, L.A., (1984).Criminalizing mental disorder: The comparative arrest rate of the mentally ill. *American Psychologist*, 39(7) 794-803.
- Teplin, L.A., (1985). The criminality of the mentally ill: A dangerous misconception. *American Journal of Psychiatry*, 142(5), 593-599.
- Teplin, L.A. (1990). Detecting disorder: The treatment of mental illness among jail detainees. *Journal of Consulting and Clinical Psychology*, 58(2), 233-236.
- Toch, H. (1982). The disturbed disruptive inmate:where does the bus stop? *The Journal of Psychiatry and Law*, Fall, 327-349.
- Toch, H., & Adams, K.(1986). Pathology and disruptiveness among prison inmates. *Journal of Research in Crime and Delinquency*, 23(1), 7-21.
- Toch, H., & Adams, K. (1987). The prison as dumping ground: mainlining disturbed offenders. *The Journal of Psychiatry and Law*, Winter, 539-553.
- Valdiserri, E. V., Carroll, K. R., & Hartl, A.J. (1986). A study of offenses committed by psychotic inmates in a county jail. *Hospital and Community Psychiatry*, 37(2), 163-166.
- Wexler, D.B. (1992). Putting mental health into mental health law. *Law and Human Behavior*, 16(1), 27-38.