

# Homelessness and criminal justice contact

Olav Nielsen

# Presentation plan

- Epidemiology of homelessness and criminal justice contact elsewhere
- Characteristics of inner city Sydney cohort
- Criminal Justice contact of homeless cohort study
- Recidivism, predictors of reoffending, health service use and mortality
- Conclusions and implications



# Introduction

- Around a third of the people sleeping in the open in our cities have schizophrenia
- The rest mainly chronic substance users, in crisis or just out of prison
- Long term homeless have greater disability
- Crisis of lack of affordable housing
- Also the loss of temporary shelter

# Causes of homelessness

- Social factors of lack of affordable housing, limited welfare support and high threshold to obtain secure tenancy
- Individual factors of poverty, impaired social skills, mental illness, conflict and substance use

# Criminal justice contacts of the homeless

- Estimated that about 2/3 of homeless cohorts have been in prison at some stage
- About a quarter of prisoners homeless prior to incarceration
- Mental illness and substance use the common factors
- Visible to the police
- Also victims of crimes (inc homicide)

# Study of Sydney homeless clinic attenders

- Drawn from attenders at clinics at 3 large homeless hostels
- 2498 individual patients over @13 years
- Detailed demographic and clinical information
- Linked to NSW government datasets, including health, criminal justice and death
- Unfortunately, did not include housing



# Demographic features

- Mean age 42.3yrs
- Disability Support Pension 55.7%
- Financial management order 7.8%
- Homeless > 1 year 58.5%
- Sleeps in open 34.5%
- Trauma history 42.2%
- Employed > 1 yr 60.4%
- Ever married 34.4%

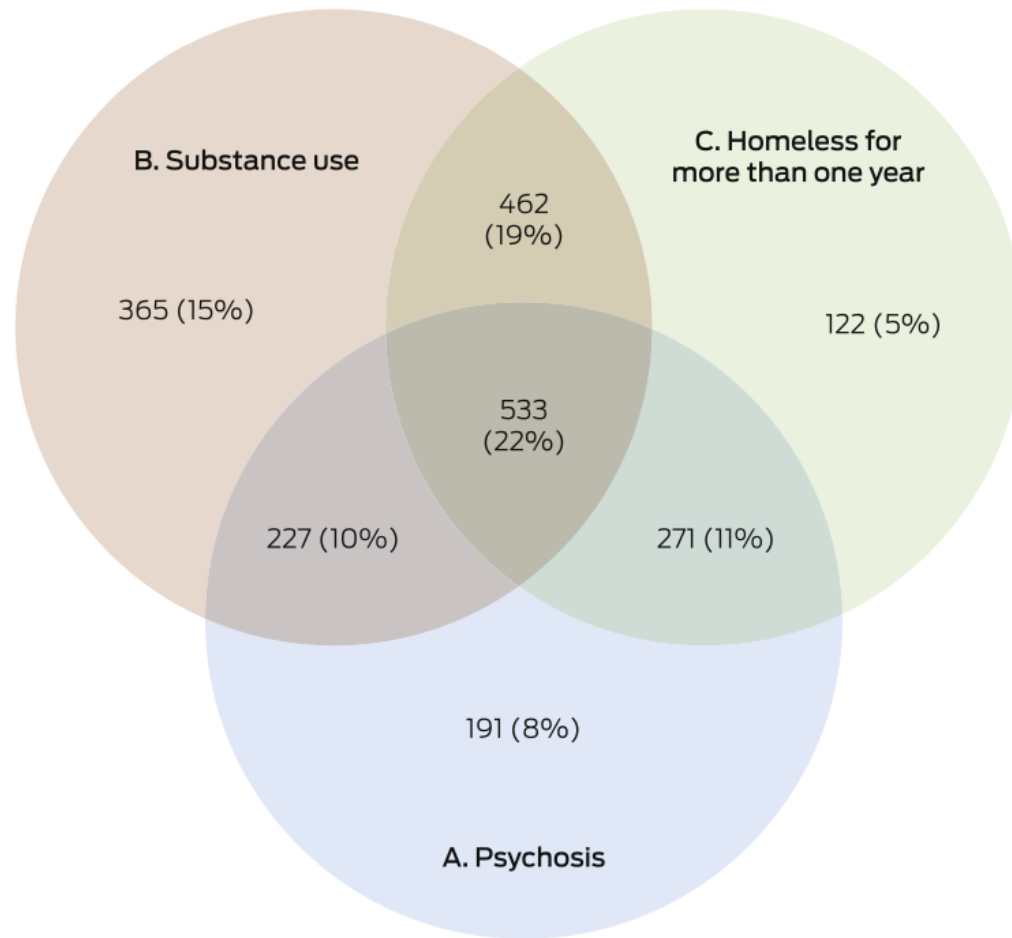
# Pathways to homelessness

- Release from prison (28%)
- Discharge from psychiatric hospital (21%)
- Loss of public housing tenancy (21%)
- Financial problems because of gambling (12%)
- Long term homeless and rough sleepers more likely to have multiple conditions

# Substance use

- 2041/2498 (82%) reported harmful use of at least one substance
- Alcohol (62%), Cannabis (51%) and stimulants (35%) most common
- 59% polydrug users, worse on all measures
- Both a cause and consequence of homelessness, has to be addressed in any solution

**1 Overlap between the three key sample characteristics:  
diagnosis of psychosis, diagnosis of substance use  
disorder, and chronic homelessness**



**A. Psychosis (1222, 51%) B. Substance use (1587, 66%)  
C. Homeless for more than a year (1388, 58%)**

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Total number of patients attending the clinics: 2388; number of people not included in A, B, or C: 217. ♦

# Methods

- Data from 2498 linked to re-offending data base (ROD) over 12.5 years
- Most serious proven offence used in analysis, using 16 ANZOC categories
- New court appearances within 2 years considered re-offending
- Multivariable logistic regression used to examine predictors of reoffending

# Criminal Justice Contact

- 1646/2498 (66%) had a criminal charge
- 16,840 offences (mean 10.2, median 6; 87.8 per 100 person years)
- Assaults (22.4%), drugs (16.8%) and property crimes (12.3%)
- Most charges (82.7%) led to conviction
- 31.2% had at least one mental health dismissal

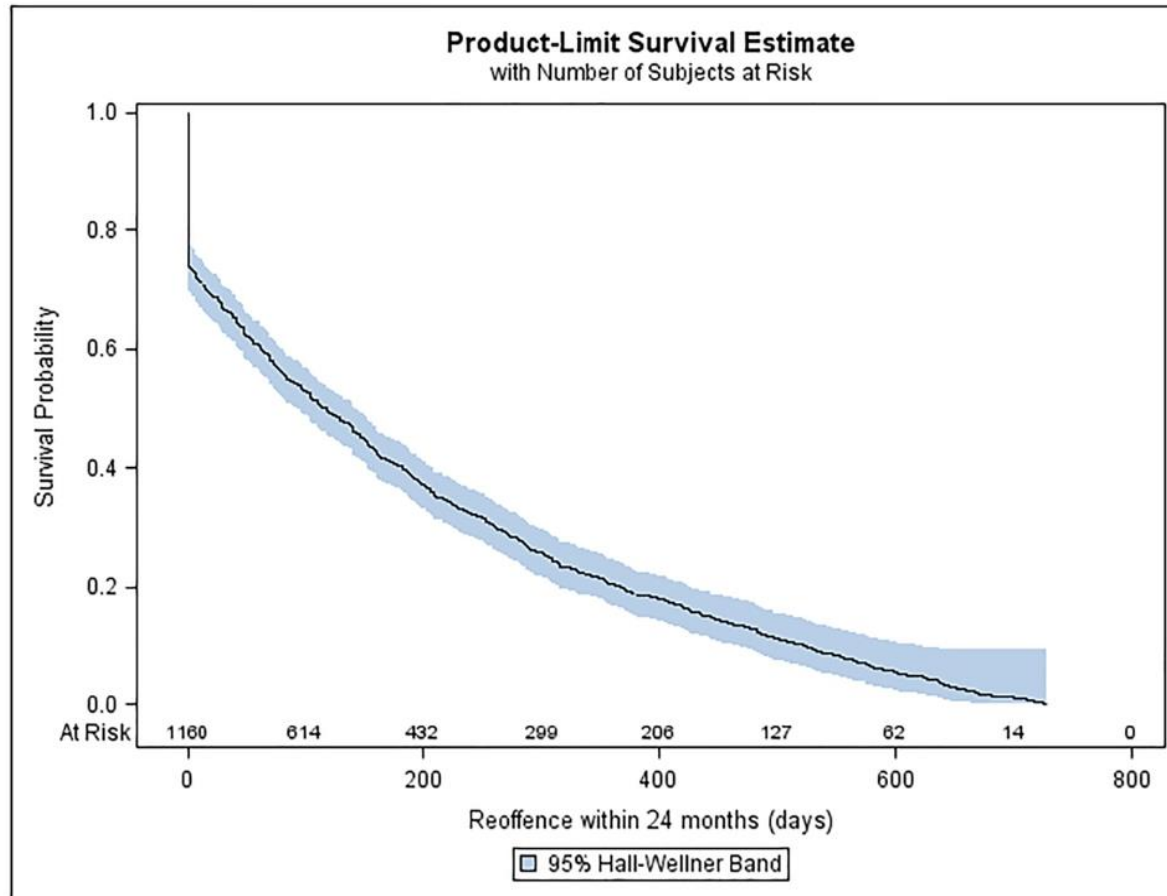
# Recidivism

- 75% had a further offence within 2 years, including 25% with a violent offence
- Recidivism 1.8x more common after property offences
- Youth, personality disorder and SUD associated with recidivism
- 12.8% of recidivists sent to prison
- Costs \$11,330,761, median \$3905

# Predictors of reoffending

- Property offences
- Substance use disorder
- Non-adherent to treatment
- Frequent ED presentations
- Any previous mental health dismissal
- Diagnosis of schizophrenia just missed significance, personality disorder and intellectual disability just significant

# Time to reoffending



**FIGURE 1** Time to reoffence within the first 24 months for people experiencing homelessness, 1 July 2008 to 31 Dec 2018.

# Health service and mortality

- 20% indigenous, also associated with recidivism
- 25% high health service users
- Very high ambulatory mental health contact (22,658, mean 13.8, SD 46.2)
- 207 (12.6%) mortality during study period
- Mean age at death 50.7 years (unnatural 44.4 years, natural causes 54.4 years)

# Discussion

- Very high rate of criminal justice contact (65%) consistent with findings of systematic review (28-80%)
- Revolving door between NSW prisons and homeless sector
- Rates moderated by housing, welfare and effectiveness of MH services
- Staggering health and justice costs

# Discussion, continued

- Most penalties are fines and bonds, with risk of imprisonment with multiple offences
- Have option of Work Development Orders to pay off fines (used by better organised)
- Little involvement with Drug Court
- Recidivism higher than other cohorts
- Costs almost certainly an under-estimate

# Mental Health Diversion

- High rate of mental health dismissal reflects the high rate of mental illness
- A predictor of recidivism
- However, orders have of short duration, and little enforcement in NSW

# Limitations

- Clinic sample, although did include rough sleepers
- Few women
- Only reported offences
- Did not include days in custody, only fact of imprisonment
- Costs an underestimated

# Clinical implications

- Offending and incarceration disrupts tenancies, and may create a cycle of recidivism
- Physical and mental health better, risk of recidivism also likely to decline if housed
- Interface between prison and community very poor
- Systems approach needed, integrating housing, justice, mental health and SU