

Polymorbidity and mortality among justice-involved youth: Implications for re-entry

Kate van Dooren¹ & Stuart A. Kinner²

Summary: Internationally, young people aged less than 25 years are considered to be a distinct population group in terms of their health and health-related behaviors. Accordingly, in many developed countries young people are the targets of age-appropriate public health initiatives and service approaches. However, young people incarcerated in adult correctional facilities are rarely recognized by service providers and little emphasis is placed on their potential health vulnerabilities.

This presentation presents findings from two Australian studies to consider morbidity and mortality outcomes among young prisoners and how health-related issues may impact upon their re-entry into the community. The first, Passports to Advantage (*Passports*), is a randomized controlled trial of a tailored case-management intervention designed to improve the health of ex-prisoners. The second is the Mortality After Release from Custody (MARC) study, which involved linking records of all persons released from custody in one Australian state (Queensland) from 1994-2007 (N=42,924) with the Australian National Death Index. A total of 2,386 deaths were identified.

Key findings: In both the US and Australia, one in five prisoners is aged under 25 years. Comparatively, one in ten people in the general population within both countries is a young person. Young prisoners are a disproportionately large group among the prisoner population who - despite a comparatively shorter time „at risk“ - are likely to experience poor short- and long-term health outcomes following their return to the community.

Despite their youth, young prisoners are characterized by multiple and complex health problems. In the *Passports* study:

- 80% of young prisoners reported at least one physical health, mental health or substance use issue.
- One in four young prisoners reported at least one problem in all three domains.

This highlights the challenges young people face when re-entering the community – in addition to addressing their criminal justice issues, young people may have to contend with a multitude of health and health-related issues.

Failures of the reentry process are reflected in the untimely and preventable death of young people following their release from adult prison. From the *MARC* study:

- 10% of deaths were of ex-prisoners aged less than 25 years at death.
- Although the *absolute* risk of death was higher among older ex-prisoners, the *elevation* in risk of death, compared with age-matched community peers, was highest among young ex-prisoners.
- In the year following their release from custody, young ex-prisoners were 23 times more likely to die than their age-matched peers in the community during that same year. Among the key causes of death were drug overdose and suicide.

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Policy recommendations: opportunities for intervention: Young prisoners experience significant polymorbidity, and are at markedly elevated risk of death following their release. There are several points at which interventions may be targeted to improve these outcomes:

1. Young prisoners exhibit better health than their older counterparts, suggesting the long-term public health benefits of preventive interventions for this at-risk group.
2. The vast majority of young prisoners report engaging in risky (licit and illicit) substance use, indicating that age-appropriate programs specifically targeting this segment of the prisoner population are warranted.
3. Despite their relatively short injecting careers, the prevalence of hepatitis C among this group was high, highlighting the importance of both prevention and harm reduction measures to control the spread of blood-borne viruses among young prisoners.
4. Although young ex-prisoners are unlikely to die due to chronic disease (at least in the short term), their risk of drug-related death and suicide is particularly elevated. There is a need for drug and alcohol programs and reintegration programs that recognize the unique challenges (including living alone in the community for the first time, seeking their first full-time job) young people may face when they leave prison. Most deaths among young ex-prisoners are preventable.

The majority of young prisoners will eventually return to the community. Therefore, their risky health-related behaviours represent a significant public health concern. In other words, “prisoner health is public health”ⁱ. Our findings suggest that young prisoners are a vulnerable group who, in an adult-specific environment, may require additional and youth-specific support.

ⁱ Levy, M. (2005). Prisoner health care provision: Reflections from Australia. *International Journal of Prisoner Health*, 1(1), 65-73.



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OUTLINE

- Justice-involved young people
- Morbidity
- Polymorbidity
- Mortality
- Implications for re-entry

ACKNOWLEDGEMENTS

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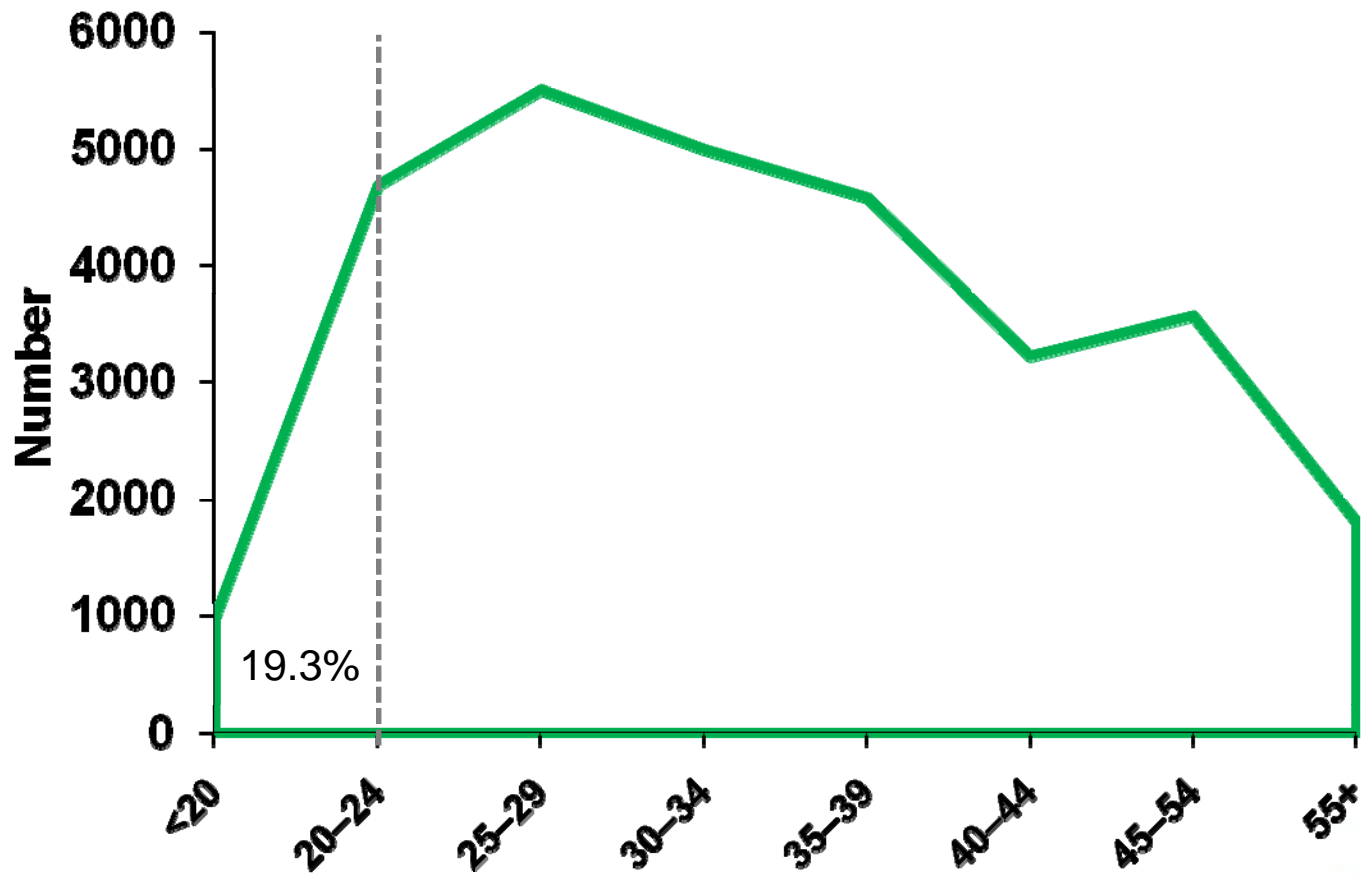
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JUSTICE-INVOLVED YOUNG PEOPLE

- Who are young people?
 - UN: persons aged 15-24 years
 - <18 years: 'juveniles'
- Young people in adult prisons – a forgotten group?

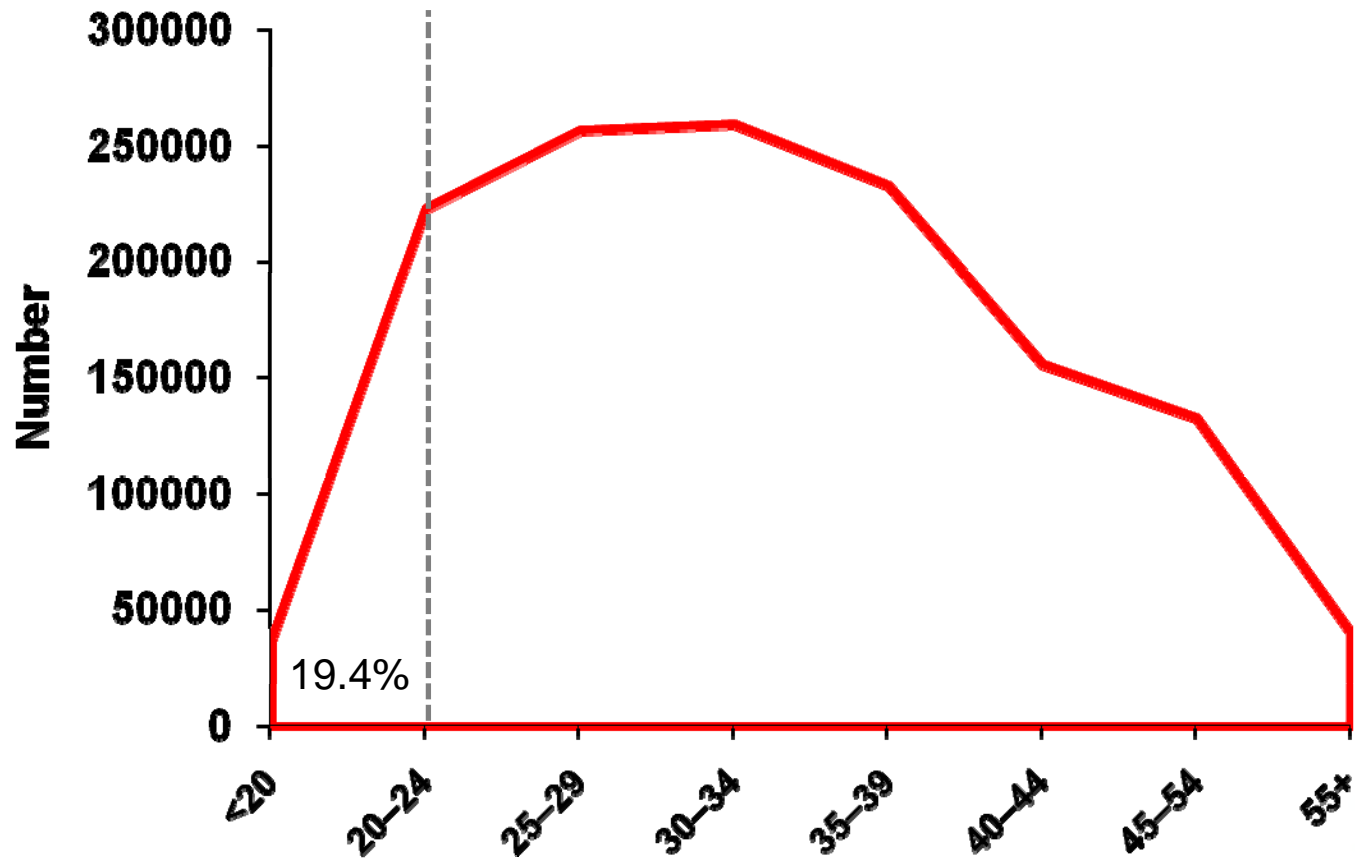


AGE DISTRIBUTION OF PRISONERS - AUSTRALIA



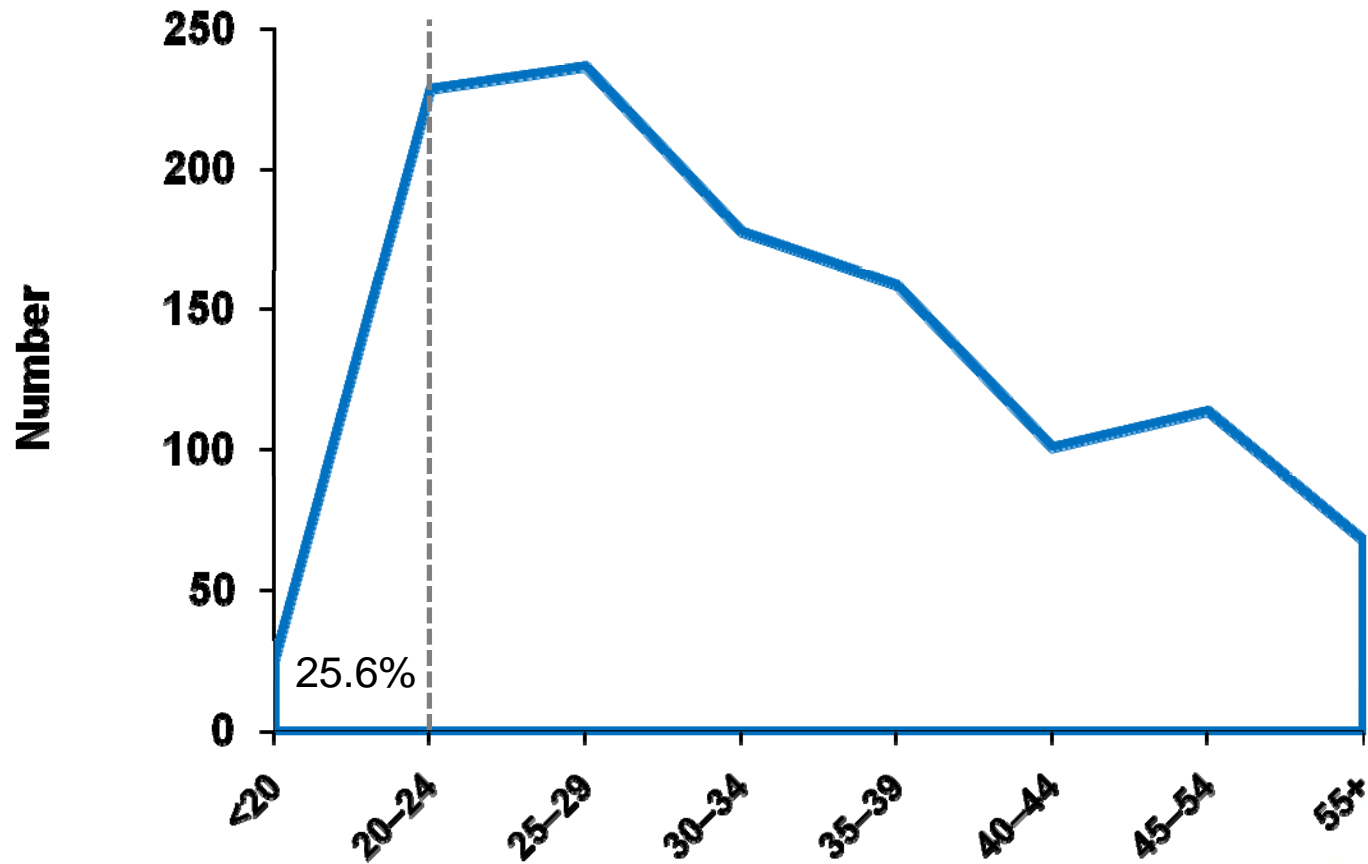
Source: Australian Bureau of Statistics, 2009

AGE DISTRIBUTION OF PRISONERS - USA



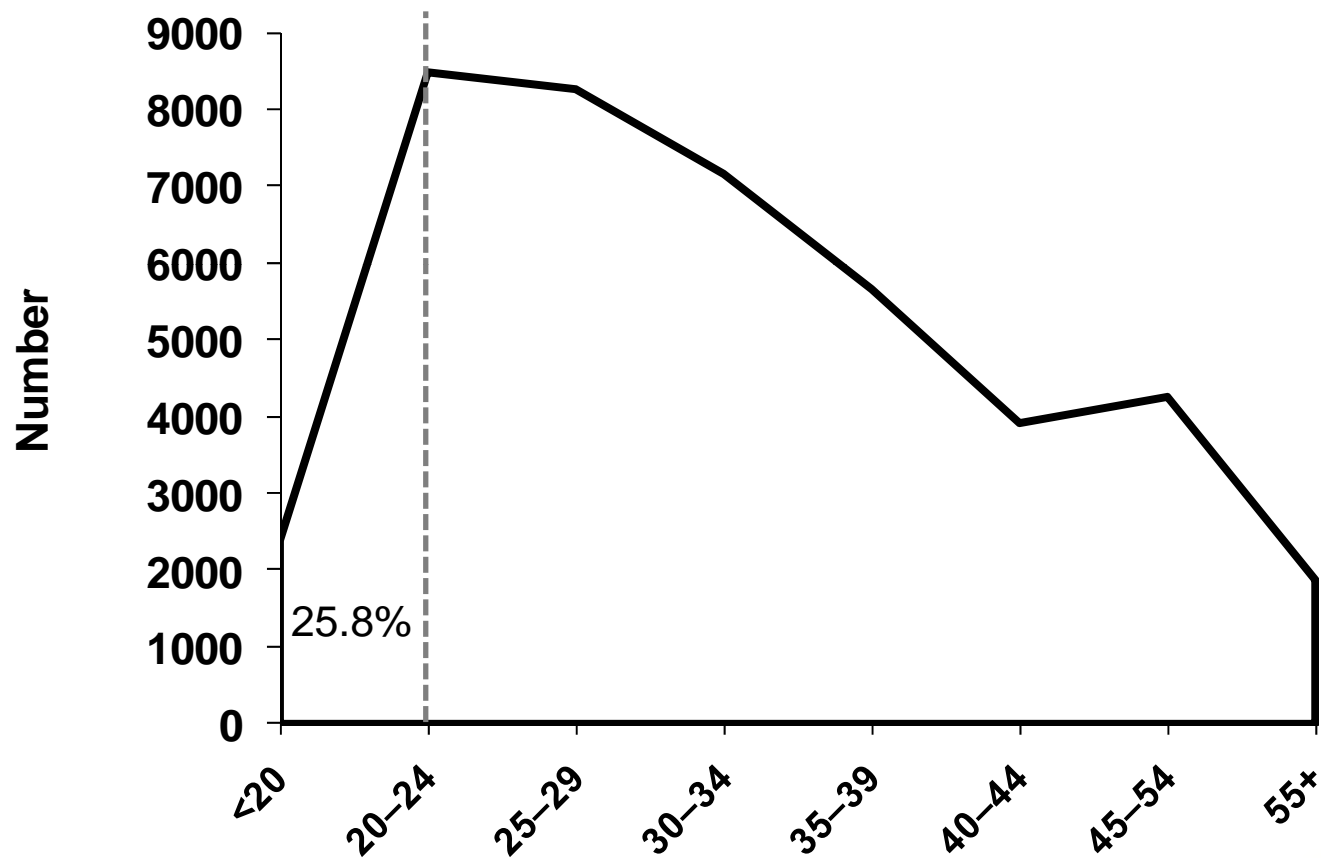
Source: Bureau of Justice Statistics, 2001

DATA SOURCES: Passports Project (N=1,328)



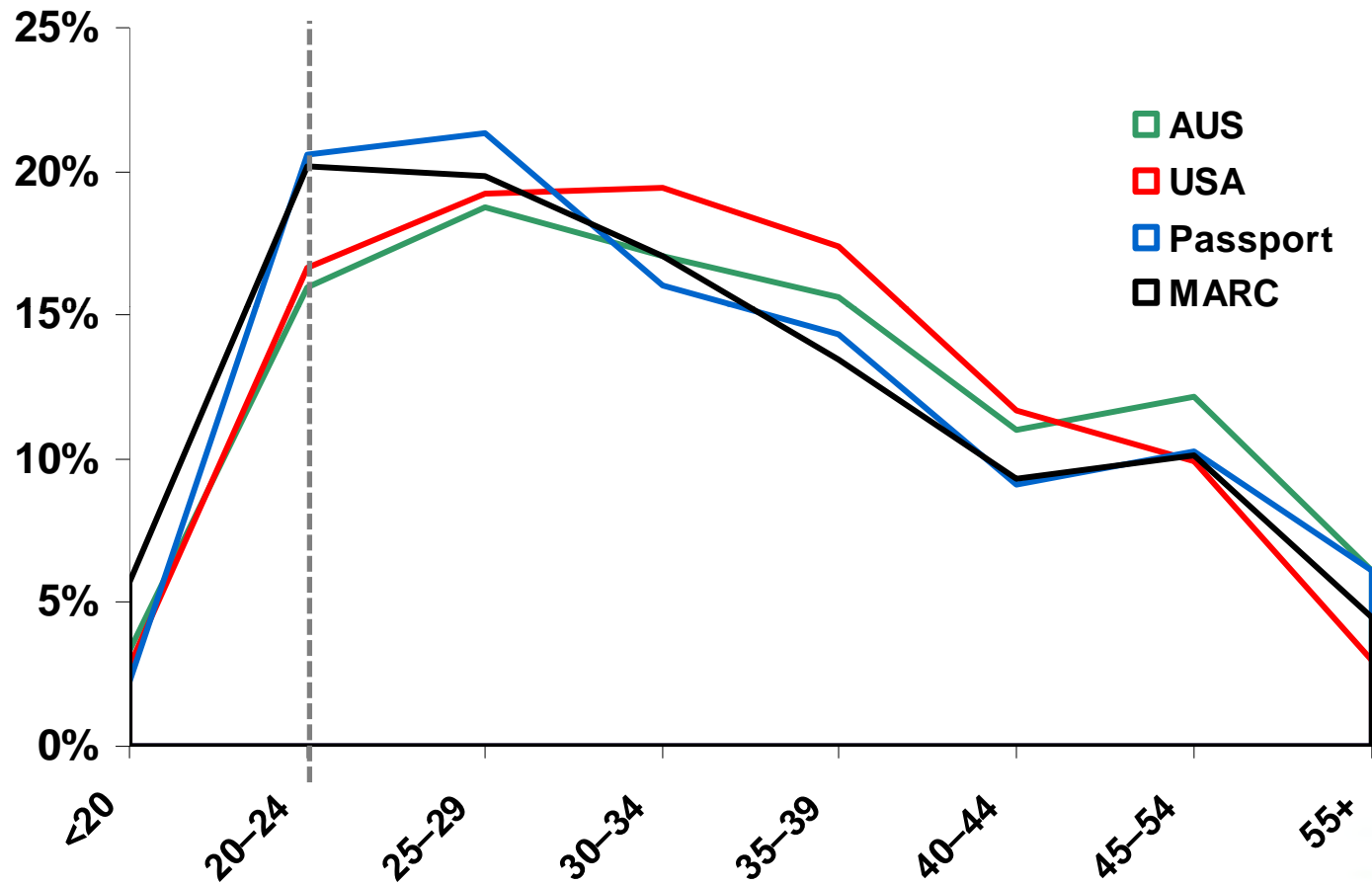
Source: Passports to Advantage baseline data

DATA SOURCES: MARC study (N=42,024)

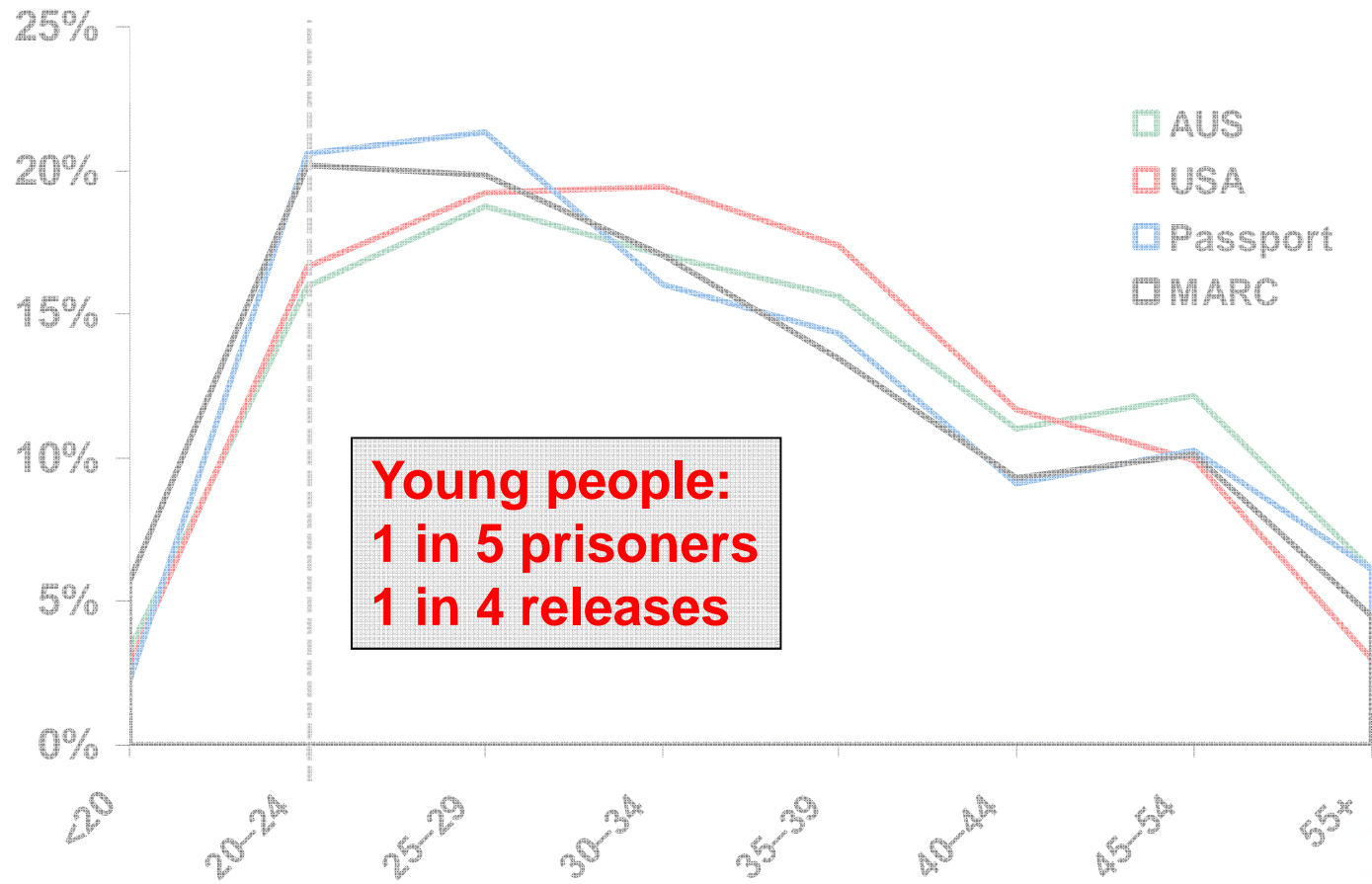


Source: Mortality After Release from Custody (MARC) data (unpublished)

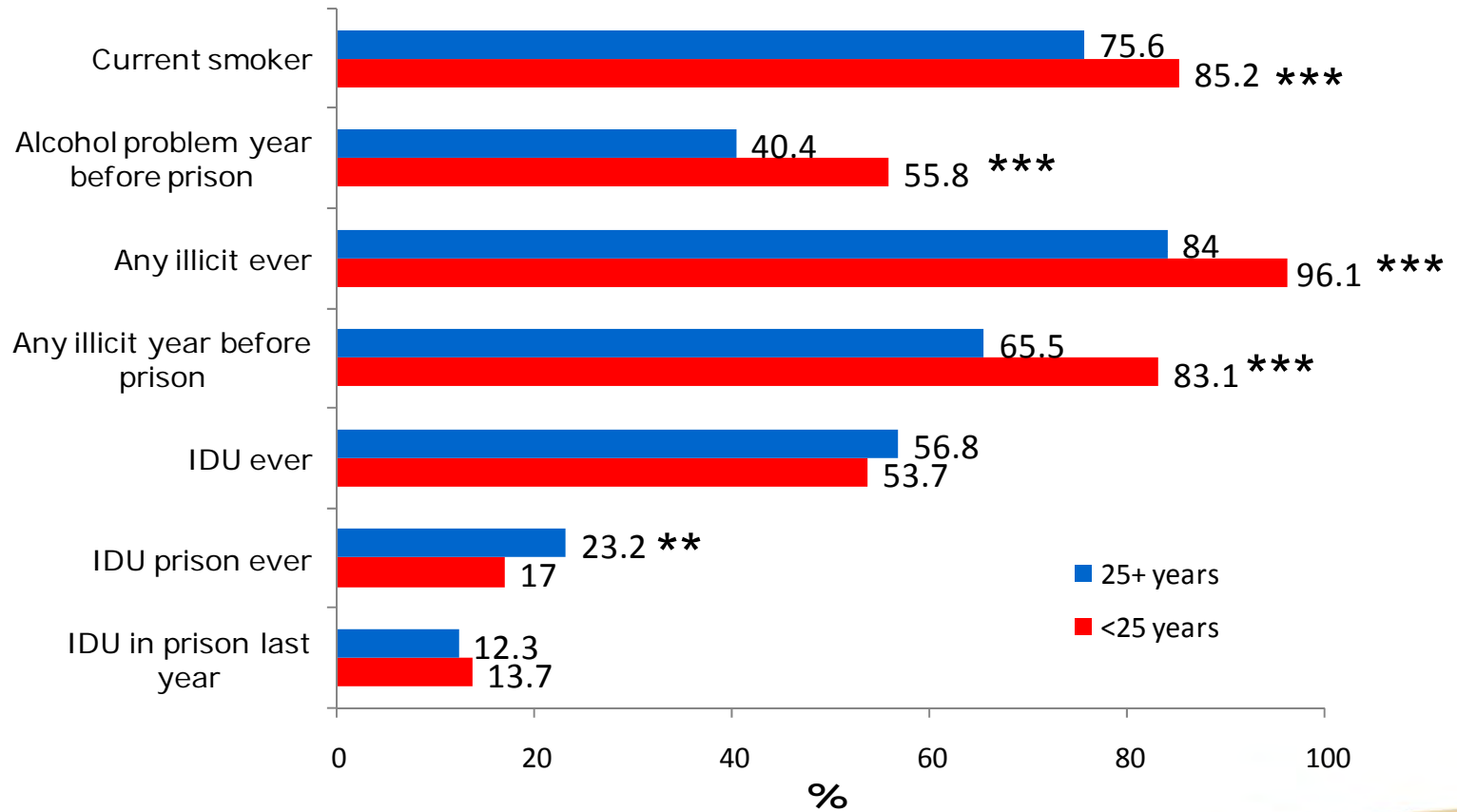
PRISONERS vs. RELEASES



PRISONERS vs. RELEASES



MORBIDITY: Substance use

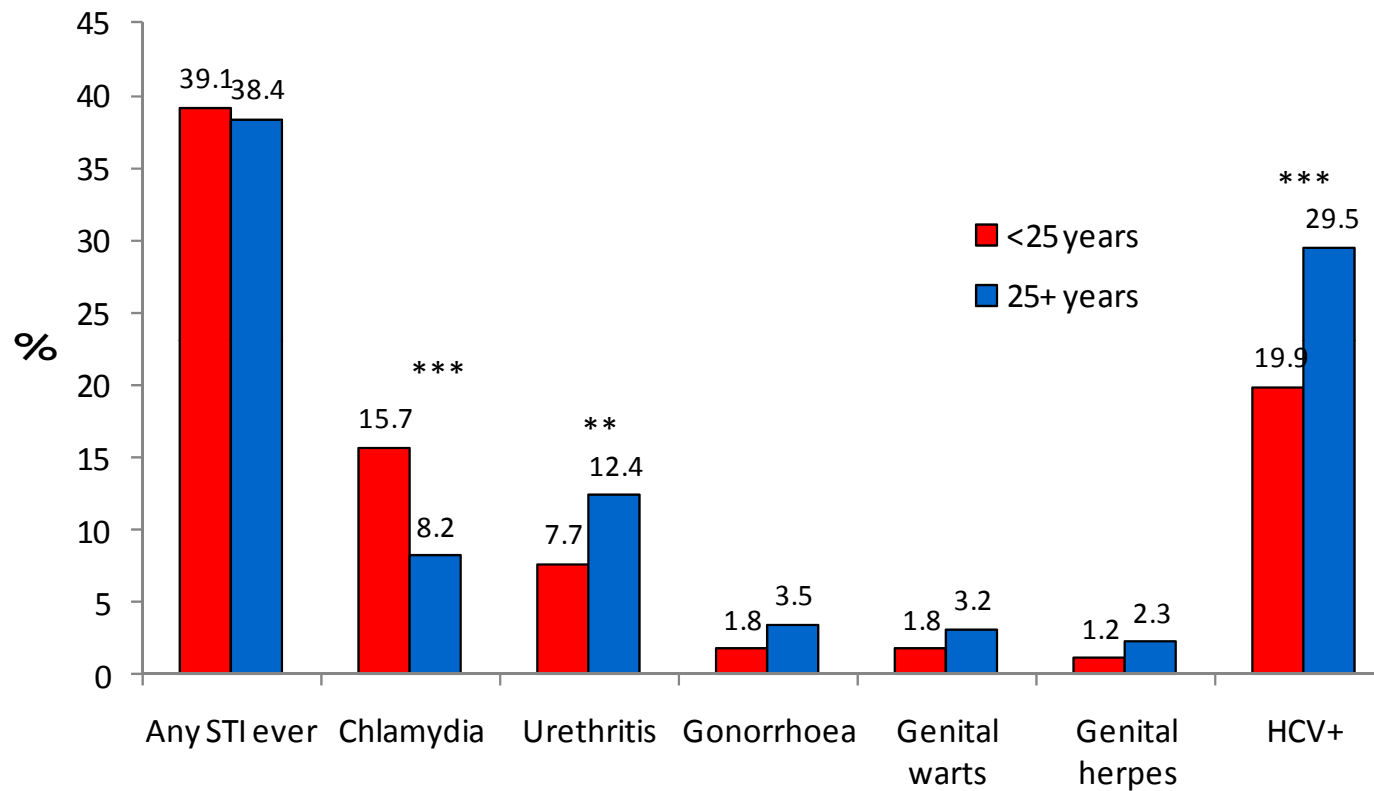


*** significant <0.001; ** 0.01, * 0.05

Source: Passports to Advantage baseline data



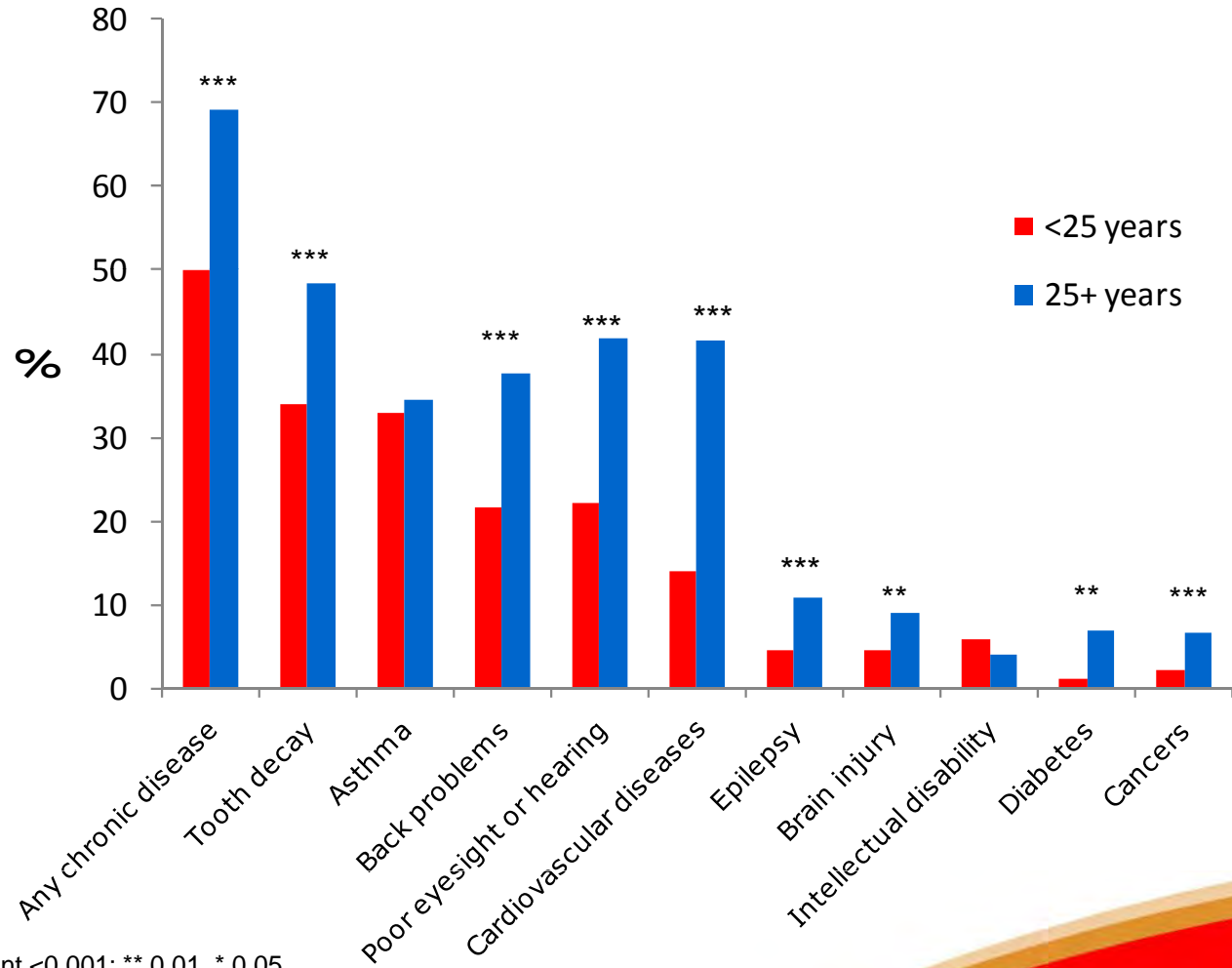
MORBIDITY: Infectious disease



*** significant <0.001; ** 0.01, * 0.05

Source: Passports to Advantage baseline data

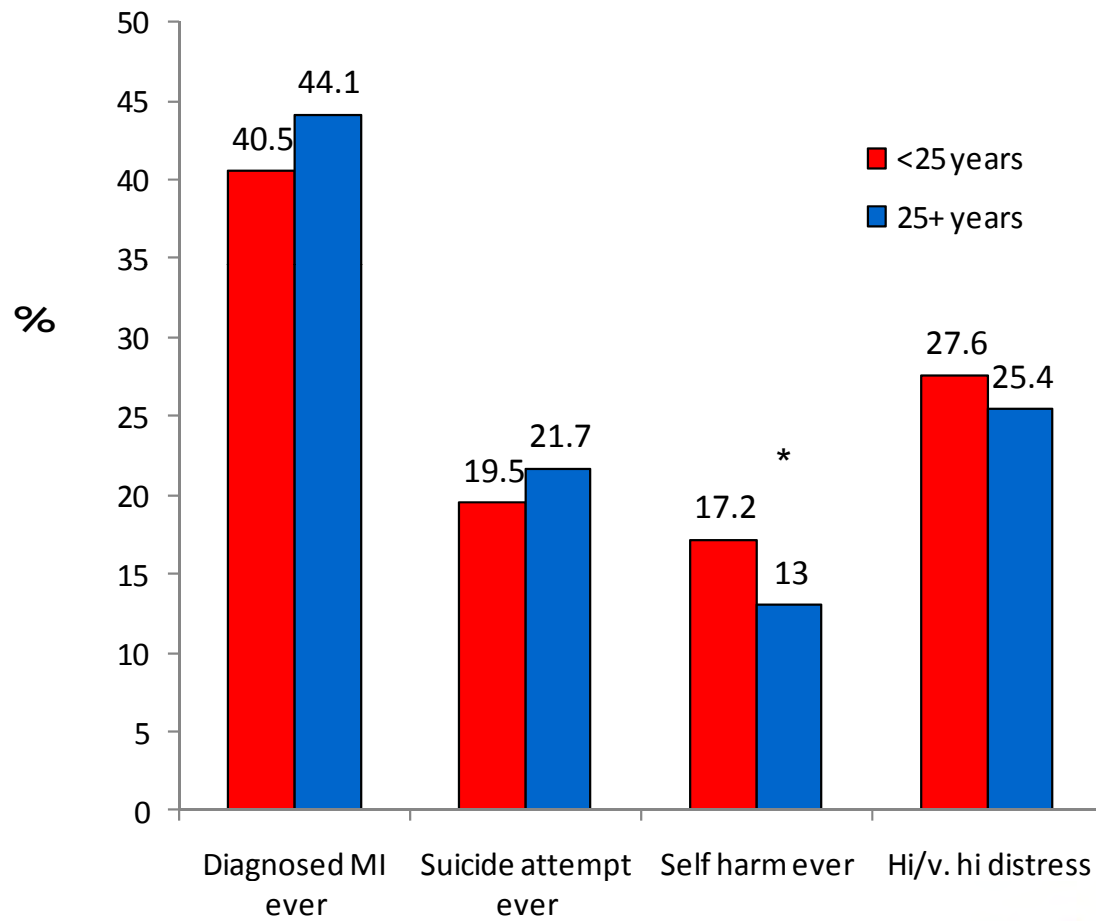
MORBIDITY: Chronic Conditions



*** significant <0.001; ** 0.01, * 0.05

Source: Passports to Advantage baseline data

MORBIDITY: Mental illness



*** significant <0.001; ** 0.01, * 0.05

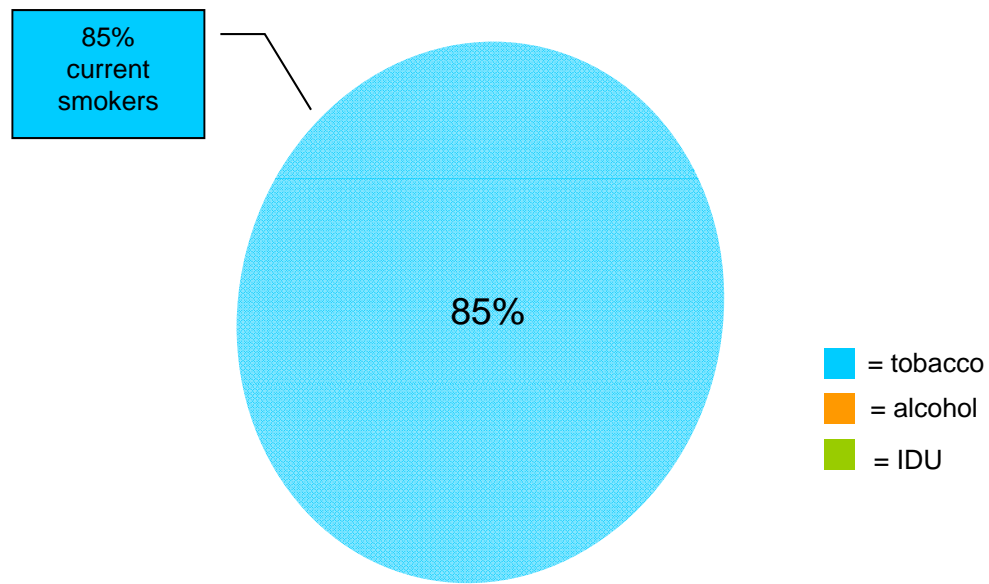
Source: Passports to Advantage baseline data

Young people in prison:

- **Higher prevalence of health risk behaviour**
- **Lower prevalence of adverse health outcomes**

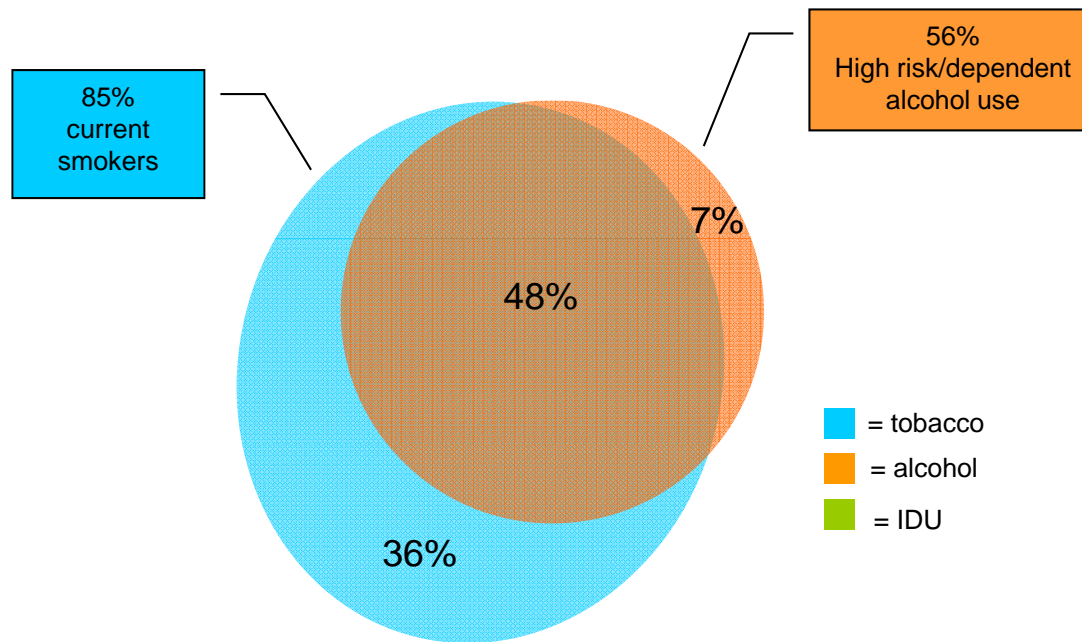


POLYMORBIDITY: Substance use



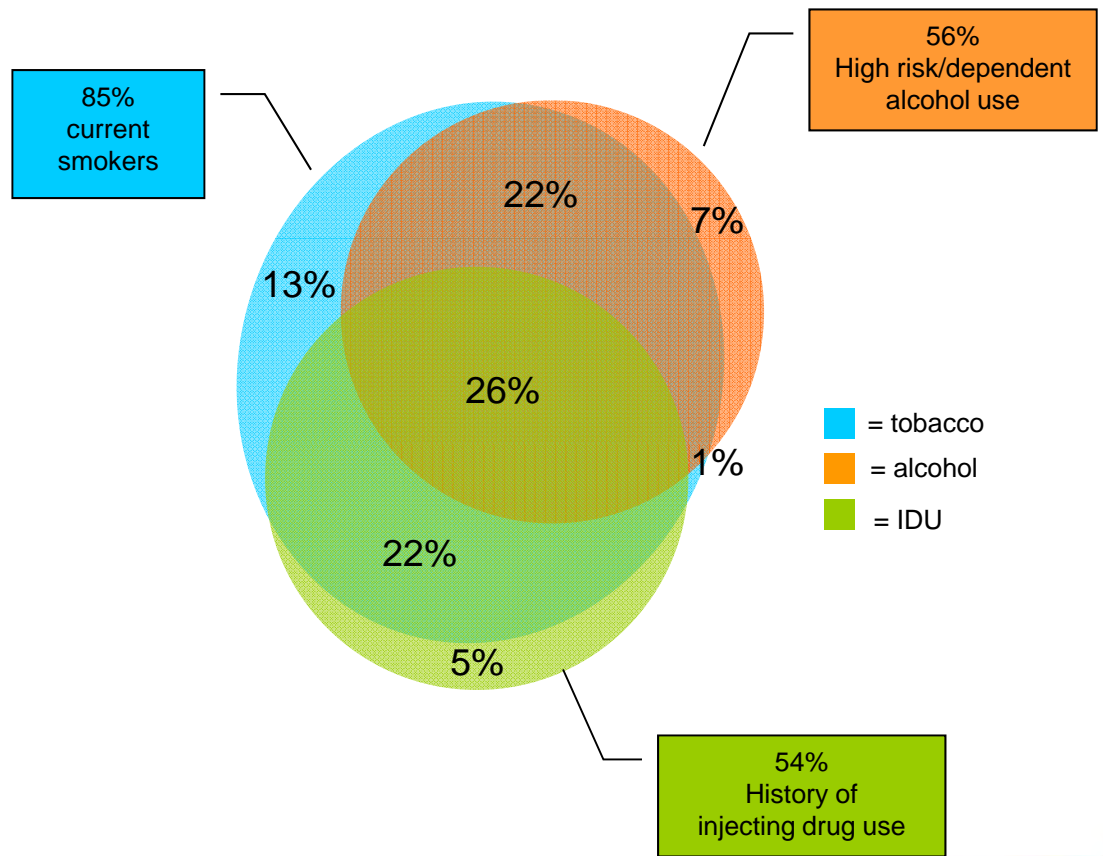
Source: Passports to Advantage baseline data

POLYMORBIDITY: Substance use



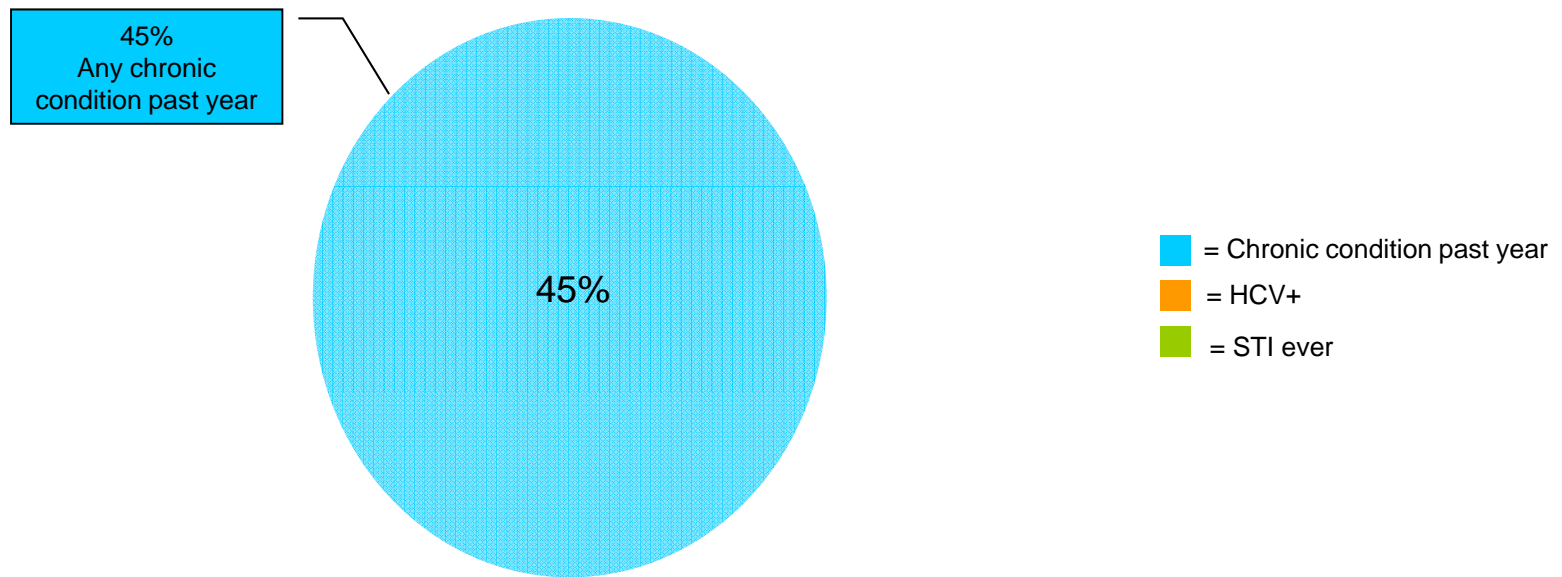
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POLYMORBIDITY: Substance use



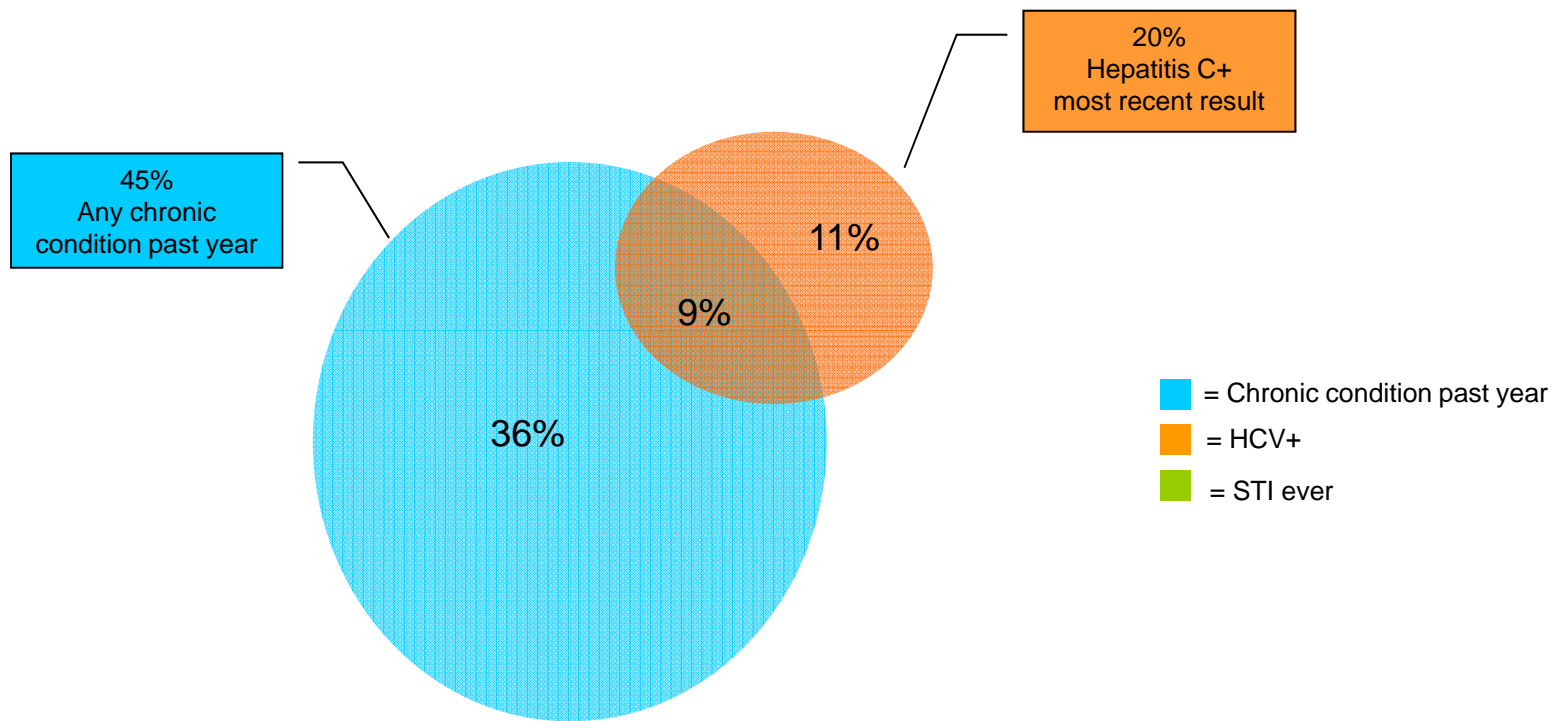
Source: Passports to Advantage baseline data

POLYMORBIDITY: Physical health



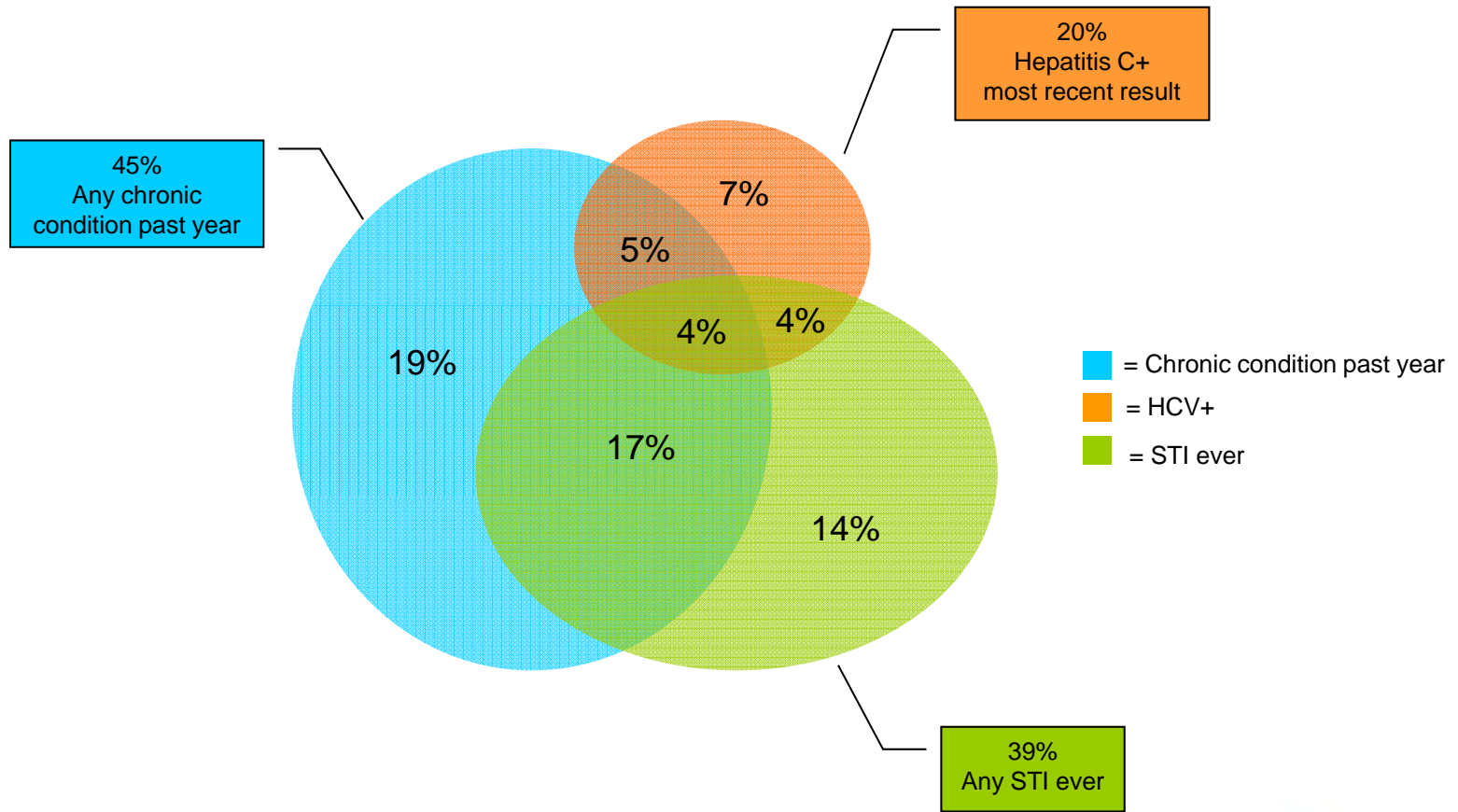
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POLYMORBIDITY: Physical health



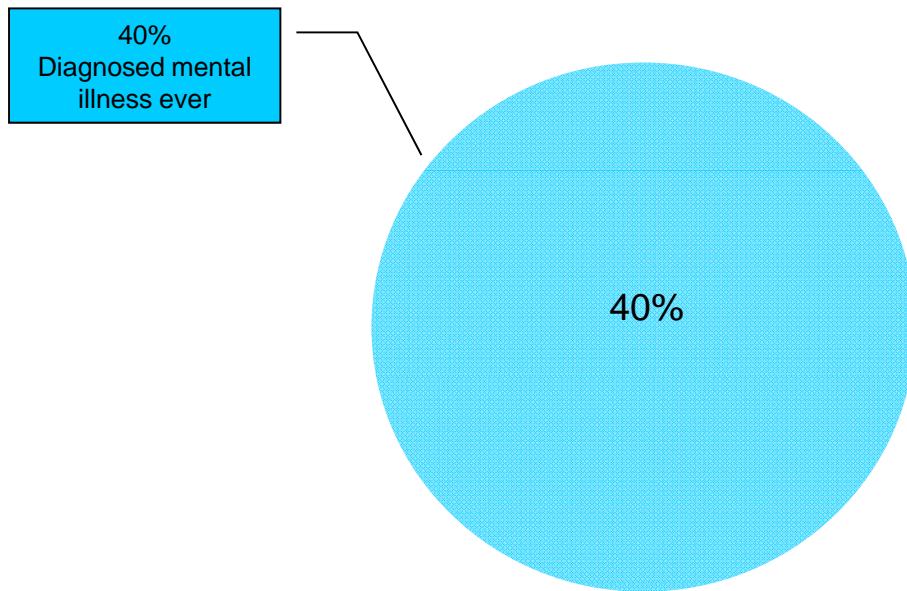
Source: Passports to Advantage baseline data

POLYMORBIDITY: Physical health



Source: Passports to Advantage baseline data

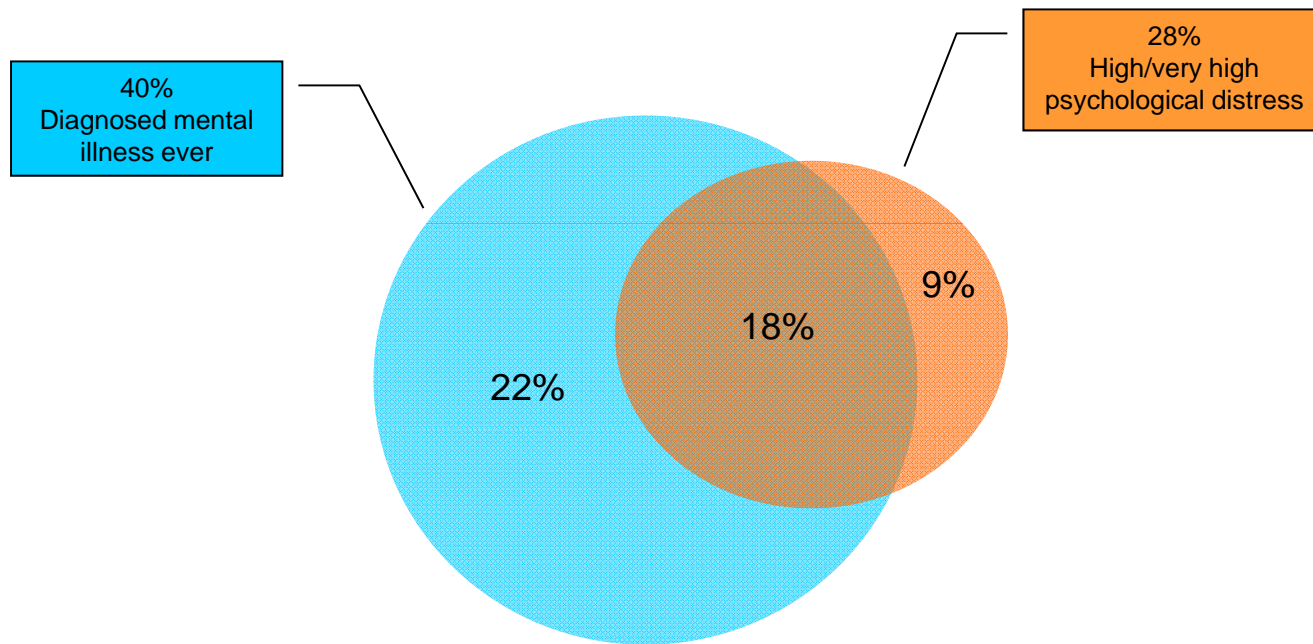
POLYMORBIDITY: Mental health



- = Diagnosed mental illness ever
- = Suicide attempt or self harm ever
- = Current high/very high psych. distress

Source: Passports to Advantage baseline data

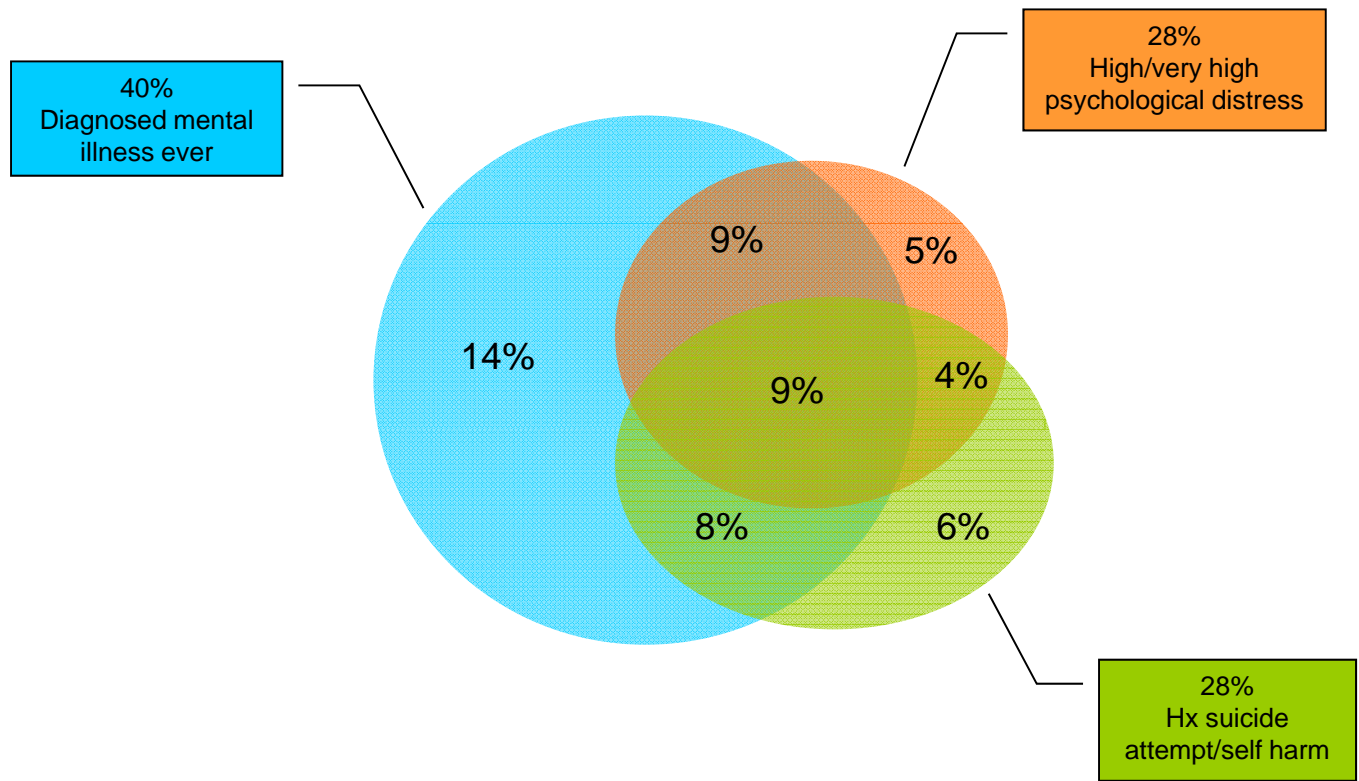
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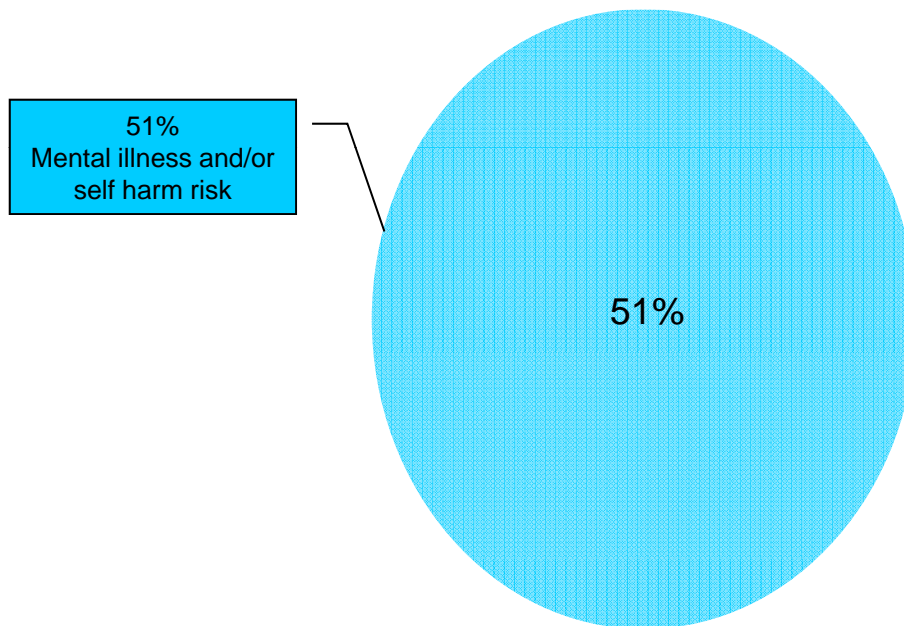
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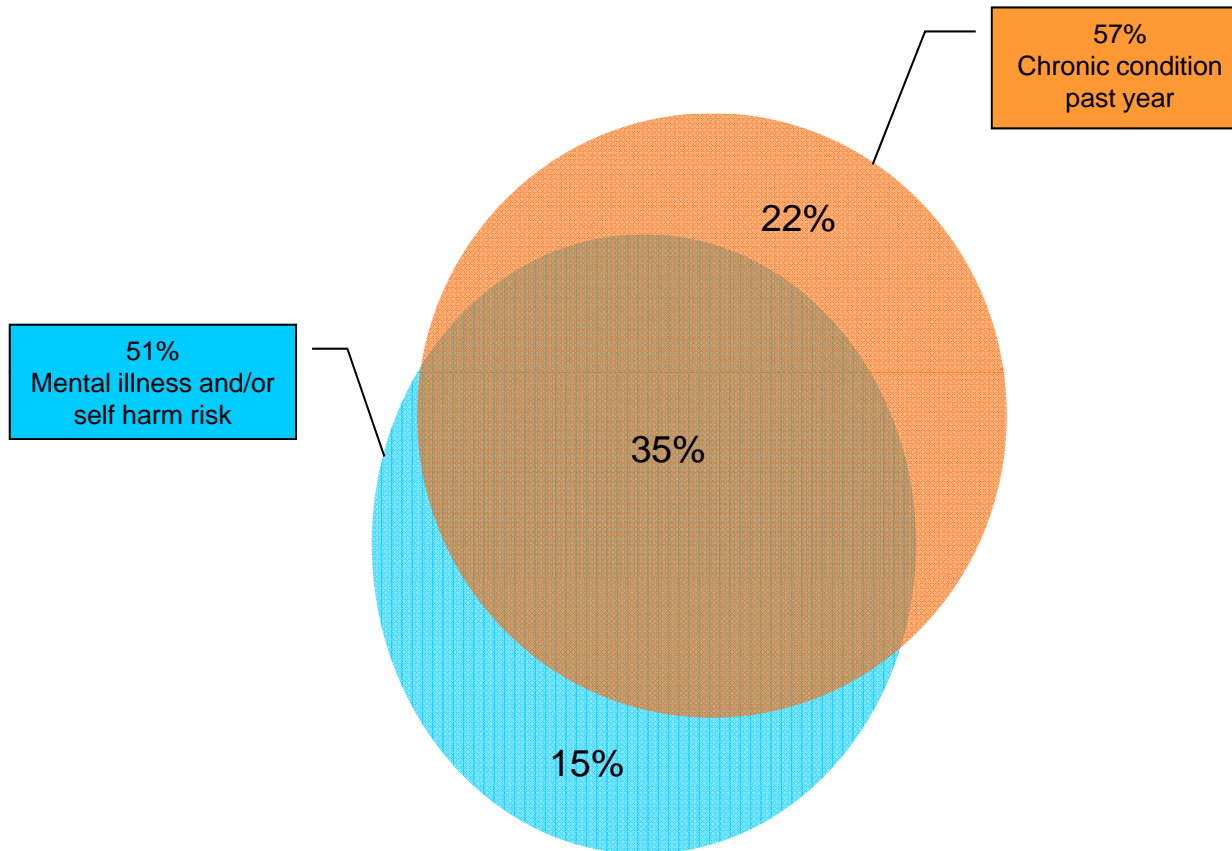
POLYMORBIDITY: Health and health risk



-  = Diagnosed mental illness ever
-  = Chronic condition (including HCV) diagnosed past year
-  = History of injecting drug use

Source: Passports to Advantage baseline data

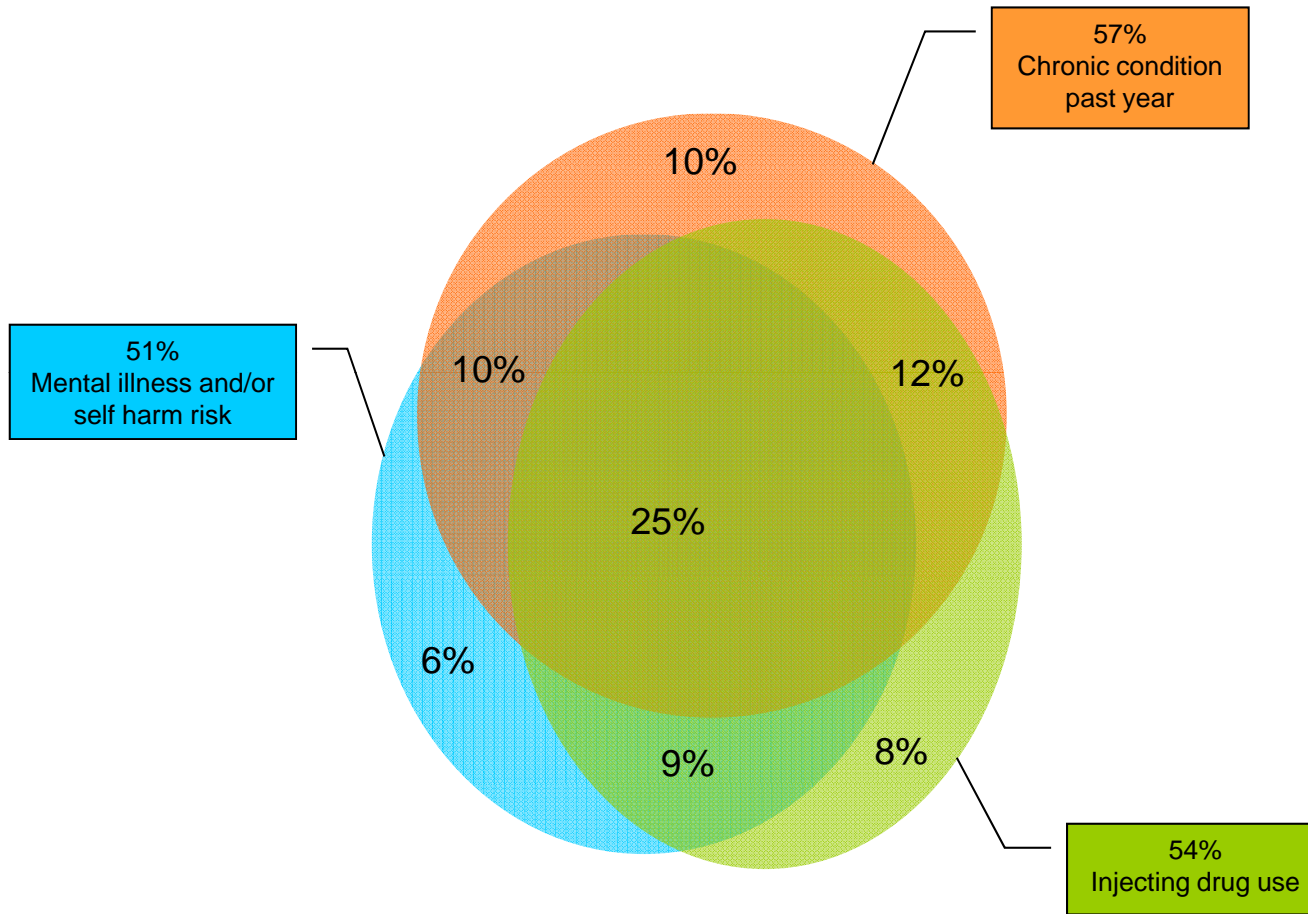
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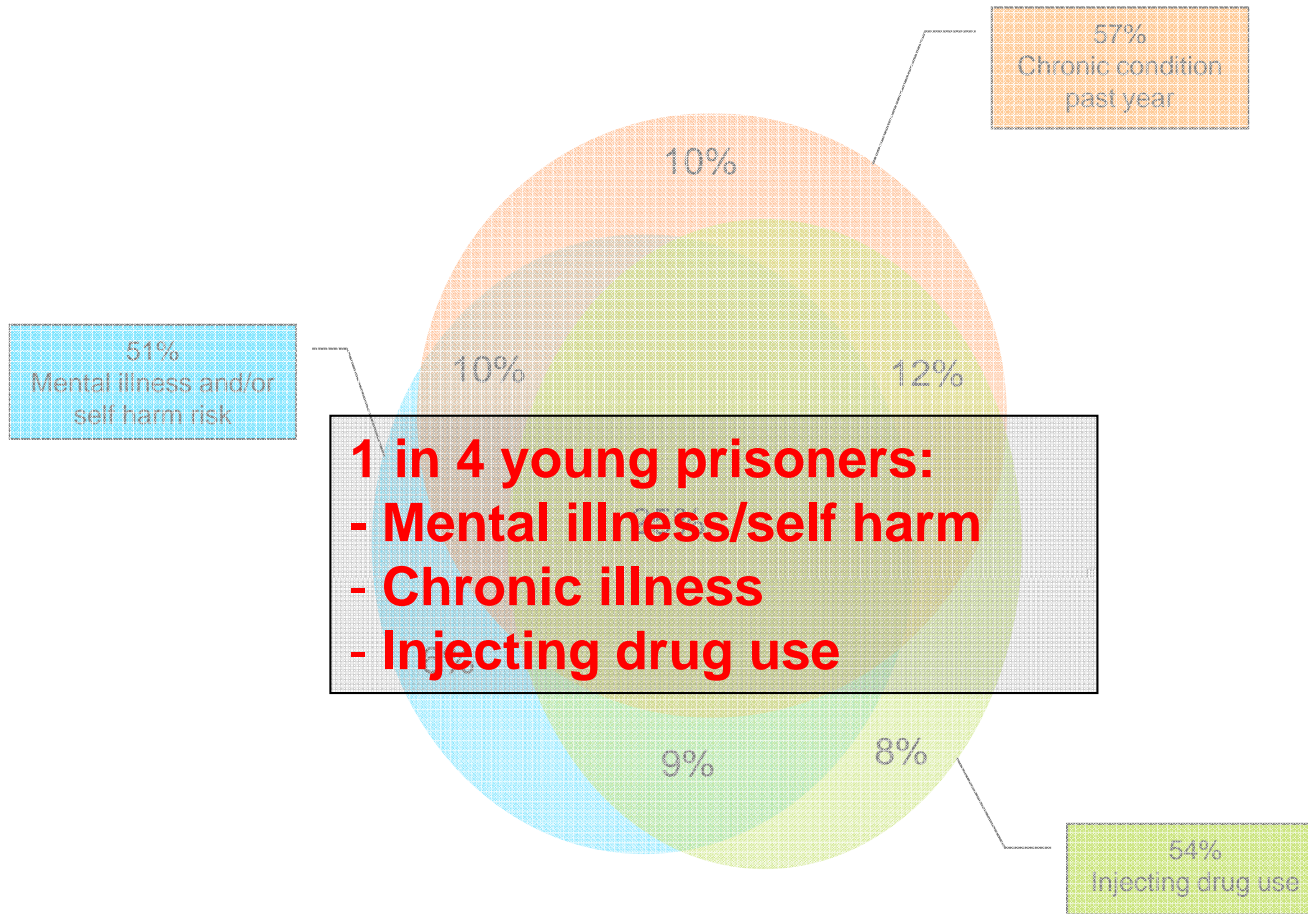
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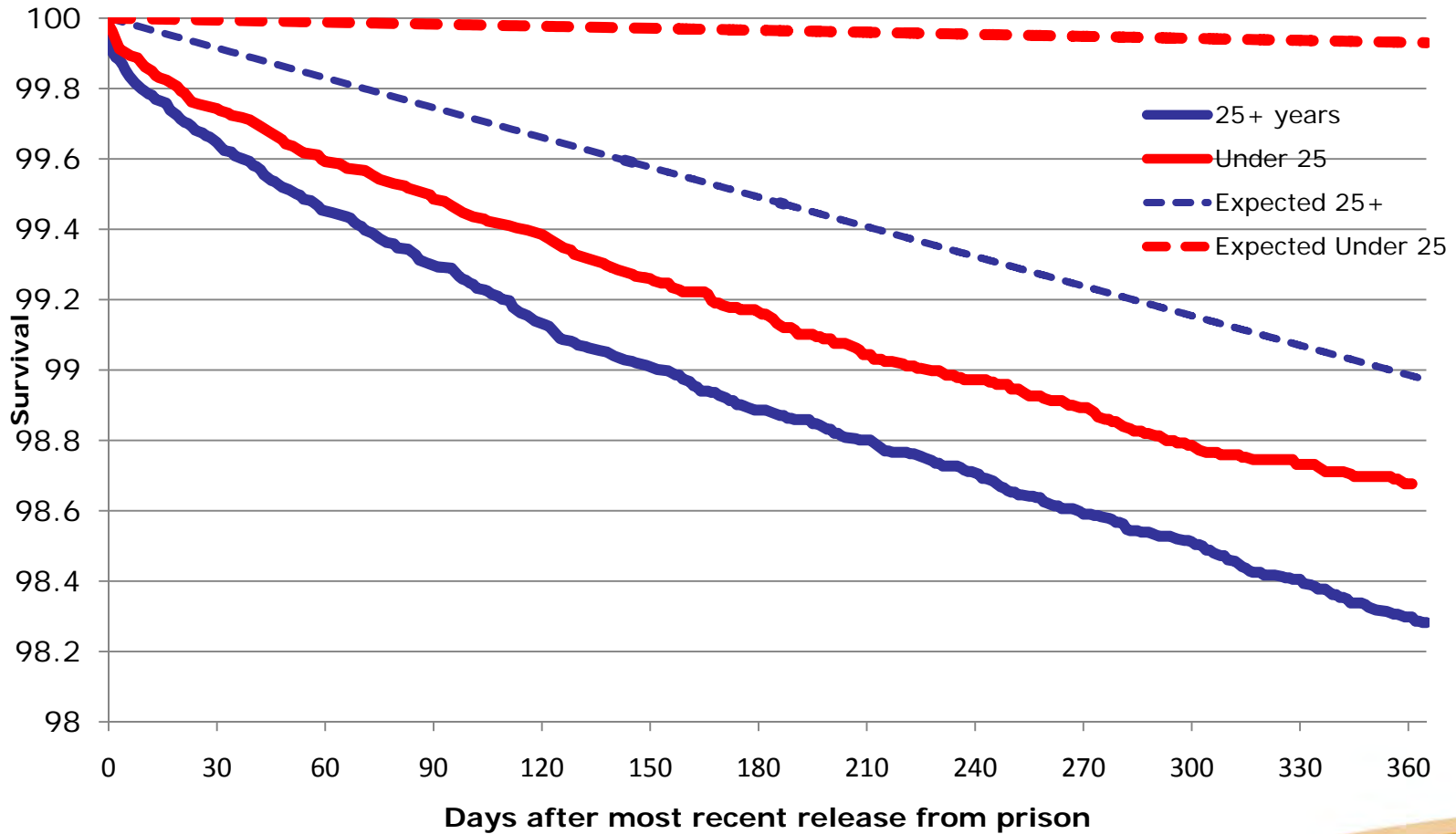
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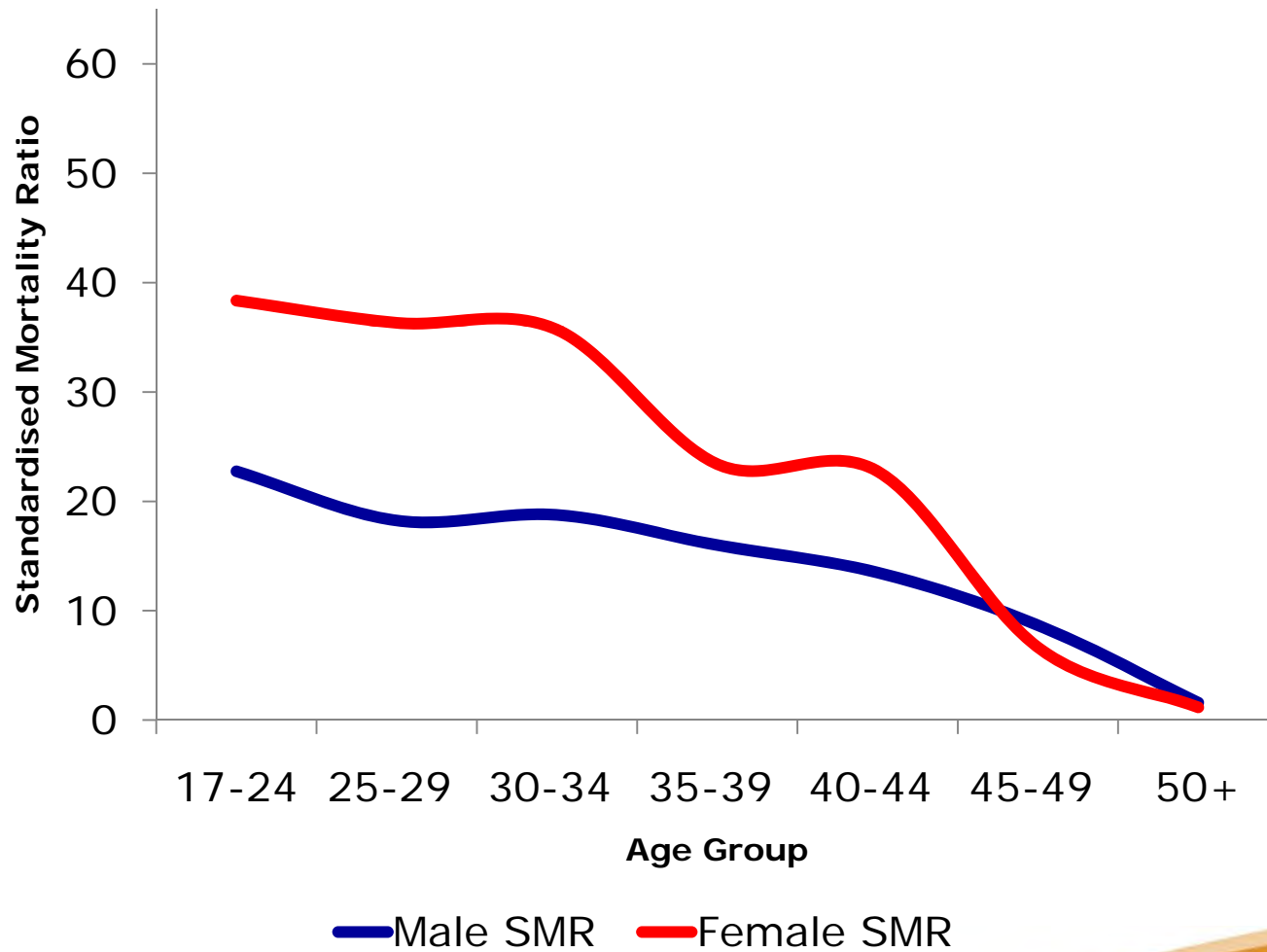
Source: Passports to Advantage baseline data

MORTALITY



Source: MARC data

MORTALITY



Source: MARC data

SUMMARY

- Young people are a large and over-represented group among re-entering prisoners: 1 in 4
- In addition to their justice issues, 80% of these young people will have to contend with at least one health issue
- 1 in 4 young people experience 'polymorbidity': physical illness, mental illness *and* substance misuse
- Mortality rate for young ex-prisoners is 23 times greater than their peers in the community; this rate is greatly elevated compared with older ex-prisoners



IMPLICATIONS FOR RE-ENTRY

- Maximising 'bang for your buck': young (ex-)prisoners are a key target group for preventive interventions
 - Very high prevalence of risk behaviour and acute harm
 - Lower incidence of chronic illness (so far)
- Age-appropriate, evidence-based interventions may reduce the prevalence of short- and long-term harm
 - Rigorous evaluation of re-entry programs a priority
- "Prisoner health is public health"
 - Effective re-entry programs benefit the wider community
- Convergence of public health and criminal justice goals
 - Health-focussed re-entry programs may reduce recidivism



Recommended citation:

van Dooren, K. & Kinner, S.A. (2010). Polymorbidity and mortality among justice-involved youth: Implications for re-entry. Paper presented at George Mason University's Center for Evidence-Based Crime Policy (CEBCP) Congressional Briefing on "Juvenile Justice in the Age of the Second Chance Act, the Youth Promise Act, and the JJDP Reauthorization Bill: Research Guided Policy Implications for Maximizing Reentry Initiatives for Adolescents."

