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Objective

Approximately 70% of people in British Columbia’s provincial prisons have mental health and/or substance use disorders. Many serve short sentences, and cycle frequently between corrections and community. This study examines mental health (MH) services access and reincarceration among people with a mental illness released from British Columbia’s provincial prisons.

Approach

A 20% random sample of the general population of British Columbia (BC) (N=1,089,682) contained within BC’s Provincial Overdose Cohort was used. People who had a record of release from a provincial correctional centre between January 1 2015- December 31st 2018, and a mental illness diagnosis in the year prior to release were eligible for inclusion (N=3,907). MH services access was determined using primary care, hospitalization and emergency department records, and reincarceration and additional covariates were retrieved from linked provincial health and corrections records. Hazards of MH services access and reincarceration were calculated using state arrival extended cox proportional hazards models.

Results

Of the 3907 releases, 45.9% (N=1795) had MH services access following release, while 40.5% (N=1584) ended in reincarceration without MH services access. The remaining releases were censored prior to observing either outcome. Of those with MH services access, 59.4% (N=1067) ended in subsequent reincarceration. The hazard of reincarceration was elevated for people with concurrent substance use disorder, among both people who did (HR: 1.33 (95%CI: 1.13-1.57) and did not (HR: 1.55(95%CI: 1.22-1.81)) access MH services prior to reincarceration. MH services access had a protective effect on reincarceration (HR: 0.64 (95%CI:0.42-0.99)). Timeliness of MH services access was protective, such that each additional month that passed between release and subsequent MH services access was associated with a 5% increase in the hazard of reincarceration (HR: 1.05(95%CI: 1.02-1.08)).

Conclusions

Mental health services access upon release from prison reduces risk of reincarceration. The timeliness of services access plays a critical role in reducing return to reincarceration. Efforts targeted at increasing accessibility of timely mental health services for this population can support increase individual well-being an reduce reincarceration.