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Criminal Offending and Incarceration in United States Adults With Early Phase Psychosis and Comorbid Substance Use Disorder

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ABSTRACT

Aim: Studies have shown that people experiencing early phase psychosis (EPP) are at increased risk for criminal conviction and incarceration. However, there is limited data looking at overall legal burden. To address these gaps in the literature, the goal of this study was to categorise criminal charges and convictions using the United States Federal Bureau of Investigation (FBI) uniform crime reporting (UCR) program, assess frequency of incarcerations, and describe the frequency of substance use disorder (SUD) diagnoses and its relationship to criminal offending and incarceration in a well categorised EPP population.

Methods: A sample of 309 adults experiencing EPP were enrolled in a specialty care clinic. The research team expanded upon prior work and collected data from three public databases to identify legal burden in this population.

Results: Almost 50% ($n = 155$) of subjects had a history of a criminal charge, 34% ($n = 104$) of subjects had a history of criminal conviction, and 40% ($n = 123$) of subjects had at least one incarceration event. The most common typology of criminal offence were crimes against society. Lastly, a dual diagnosis was statistically associated with incarcerations ($\chi^2 = 10.152$, $p < 0.0011$), crimes against society ($\chi^2 = 13.172$, $p < 0.0002$), and crimes against persons ($\chi^2 = 9.136$, $p < 0.0023$).

Conclusions: These data highlight the high legal burden people experiencing EPP face and the need for future work to examine the risks incarceration places on this population. This work also shows the need for specialty care clinics managing EPP to be proficient in treating a dual diagnosis or the need to partner with an appropriate clinic.

1 | Introduction

In the United States, about 1 in 3 people in the general population have been convicted of a crime or arrested (Webster et al. 2023). People with a mental health disorder and/or a substance use disorder (SUD) interface with the criminal justice system at a higher rate than the general population (Buchanan et al. 2021; Holloway et al. 2022; Magee et al. 2021; Ramakrishnan and Gonzales 2023). Individuals experiencing early phase psychosis (EPP) have been found to experience higher rates of criminal convictions at relatively young ages with the most common conviction type related to substance use or misuse (Webster et al. 2023).

Early phase psychosis (EPP) is the time from first episode psychosis (FEP) through the next 5–9 years of illness (Birchwood, Todd, and Jackson 1998; Crocker and Tibbo 2018; Hillis et al. 2015). This

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critical period in the illness course is vital for social and medical interventions. While EPP is predominantly associated with schizophrenia, it is also described in other primary thought disorders (e.g., schizoaffective disorder) and affective disorders with psychotic features (e.g., bipolar mania with psychotic features). The longer the duration of untreated psychosis (DUP) for those experiencing EPP has been found to worsen overall short and long-term health and treatment outcomes (Ajnakina et al. 2017; Diaz et al. 2013) which underlines the importance of early detection and prompt enrollment in treatment.

Independent of the presence of EPP or late stage psychosis, people diagnosed with a SUD also interface with criminal justice system at higher rates than the general population (Buchanan et al. 2021; Clark et al. 2018; Holloway et al. 2022; Lawson et al. 2024; Min et al. 2022; Saloner et al. 2023). Moreover, adolescents and adults with a SUD diagnosis or substance misuse history experience higher rates of criminal recidivism, incarceration, and difficulties completing community corrections programs (Clark et al. 2018; Holloway et al. 2022; Moore et al. 2020). Other concomitant mental health diagnoses create further barriers to receiving clinical treatment and increase recidivism rates within this population (Magee et al. 2021).

Prior work has examined the intersection of the criminal justice system with psychosis, substance misuse, and other comorbid mental health disorders. However, there is a paucity of data specifically characterizing this intersectionality for individuals experiencing EPP (Magee et al. 2021; Ramakrishnan and Gonzales 2023). Research that has focused upon people with concomitant EPP and SUD highlighted increased risk of substance related criminal charges and incarceration rates for this population, with an incarceration risk specific only for alcohol and cannabis abuse or dependance (Prince, Akincigil, and Bromet 2007; Ramsay et al. 2011).

In this study, we expanded upon our previous work (Webster et al. 2023) with a coordinated specialty care (CSC) clinic serving individuals with EPP, using publicly accessible court and criminal incarceration databases to identify episodes of criminal charges, criminal convictions, incarcerations, and length of incarcerations that occurred during adulthood. Criminal charges and convictions were then divided into three typologies based on offence (crimes against persons, crimes against property, and crimes against society) per the United States Federal Bureau of Investigation (FBI) uniform crime reporting (UCR) program (United States Federal Bureau of Investigation 2021). The goals of this study were: (1) categorize criminal charges and convictions using the FBI UCR in an EPP population, (2) assess frequency incarceration in an EPP sample and, (3) describe the frequency of SUD diagnosis in individuals experiencing EPP and its relationship to criminal offending and incarceration.

2 | Procedures and Materials

2.1 | Setting and Sample

Study approval was obtained from the Indiana University Human Subjects and Institutional Review Boards (#12255). Individuals eligible for this study were adults served by a CSC clinic who were over the age of 18 at the start of the study period January 1, 2021. These adults were enrolled in the CSC clinic between 2009 and 2021. In order to be served by the CSC clinic, individuals must have been within 5 years of the start of psychotic symptoms that were not substance induced and be without intellectual disability (IQ less than 70). The clinic is housed within a midwestern United States urban community mental health center which provides treatment tailored to the needs of individuals with EPP. Referrals to the clinic were predominantly through the affiliated community mental health center. Upon enrollment, subjects completed a comprehensive assessment of physical health, mental health, and social functioning. This included evaluation for any SUD per patient self-report and medical record review.

2.2 | Identification and Categorization of Criminal Charges, Convictions, and Incarcerations

Data was primarily obtained through a publicly accessible database of court proceedings in the state of Indiana (*Indiana MyCase*, 2010). Subjects enrolled from the CSC clinic were searched using first name, last name, and date of birth. The subjects' height, weight, demographic data, and home address (recorded by the clinic) were used if further subject verification was required. Criminal charges that did not result in a conviction, criminal convictions, and incarcerations accrued as an adult were recorded. Date of offence, court filing date, and offence were recorded for criminal charges. For criminal convictions, the same information was noted in addition to the sentencing date. Criminal charges and convictions were than categorized as offence against person, property, or society per the FBI UCR program (United States Federal Bureau of Investigation 2021).

Incarceration events and length of stay were recorded when available through Indiana MyCase reporting database (*Indiana MyCase*, 2010). Supplemental incarceration data was obtained through two other publicly accessible databases in the state of Indiana. All jail stays and lengths of incarceration in the county where the clinic is located were recorded for the subjects enrolled in the CSC clinic (*Inmate Lookup*, 2007). Prison incarcerations were collected through the department of corrections website and date of entry and length of sentence were documented (Indiana Incarcerated Database Search).

2.3 | Data Analysis

Microsoft Excel and JMP version 16.1.0 were used for data collection and processing. JMP is a statistical analysis program subsidiary of the SAS Institute. Data were nominalized to report absence or presence of a documented SUD. This was also done to report absence or presence of adult criminal misdemeanor charge, misdemeanor conviction, felony charge, felony conviction, jail stay, and prison incarceration. Typology of adult criminal charges and convictions were nominalized to identify absence or presence of offence against person, property, and society.

3 | Results

3.1 | Demographic and Clinic Intake Data

There were 309 subjects with mean age at the time of study 26 years (SD = 4). A majority of the subjects were male ($n = 247$, 80%) and identified as African American ($n = 181$, 59%). Twenty percent of the subjects identified as female, and 35% identified as White or Caucasian. The primary qualifying diagnosis for clinic enrollment and aetiology of psychotic symptoms was schizophrenia ($n = 159$, 53%) and over half the overall sample had an acute hospitalisation prior to clinic enrollment ($n = 185$, 60%). Approximately one third of subjects ($n = 107$, 35%) had a concomitant SUD diagnosis (Table 1).

3.2 | Legal History

Within the sample of 309 subjects, 155 (49%) subjects had a history of a criminal charge, 104 (34%) subjects had a history of criminal conviction, and 124 (40%) of subjects stayed at least overnight in a jail or prison. Only seven (2%) subjects had at least one episode of confinement without a documented criminal charge or conviction and only one subject had a documented prison stay without a documented jail stay.

Overall, 57 (18%) subjects committed at least one crime against property, 63 (20%) committed at least one crime against persons, and 111 (36%) committed at least one crime against society (Table 2). However, crossing of criminal offence typology was not mutually exclusive and a majority of subjects committed two or more types of criminal offences according to the FBI UCR program. Forty (13%) subjects had one type of charge or conviction according to the FBI UCR program. Fifty (16%) had two types of charges or convictions, 33 (11%) had three to four types of charges or convictions, and 32 (11%) had five to nine types of charges or convictions per the FBI UCR program.

Out of an aggregated 756 of criminal misdemeanor charges, 247 resulted in a conviction of a criminal misdemeanor (Table 3). Ninety-three subjects (30%) were convicted of at least one criminal misdemeanor. Eighty- five subjects (28%) had at least one criminal misdemeanor conviction against society, sixteen (5%) had at least one misdemeanor conviction against property, and twenty (6%) had at least one misdemeanor conviction against persons. There were 270 criminal felony charges, with 100 of those charges resulting in a felony conviction (Table 3). Fifty-two subjects (17%)

TABLE 1 | Subject demographic information.

Demographic factors total subjects ($n = 309$)	*n* (%)
Gender	
Male	247 (80)
Female	61 (20)
All other	1 (< 1)
Race	
African American	181 (59)
Caucasian	108 (35)
All other	18 (6)
Primary qualifying diagnosis	
Schizophrenia	159 (53)
Other psychotic disorder	66 (22)
Schizophreniform disorder	47 (16)
Schizoaffective disorder, bipolar type	17 (6)
All other	13 (4)
Comorbid substance use disorder diagnosis	107 (35)

TABLE 2 | Number of subjects who had at least one criminal charge or conviction as categorized by the United States Federal Bureau of Investigation Uniform Crime Reporting (FBI UCR) program.

Typology of crimes	Total subjects ($n = 309$) *n* (%)
Any crime against property	57 (18)
Any crime against persons	63 (20)
Any crime against society	111 (36)

TABLE 3 | Total number of criminal charges and convictions accrued by all subjects from a publicly accessible database. Criminal charges and convictions were categorised using the United States Federal Bureau of Investigation Uniform Crime Reporting (FBI UCR) program.

Criminal charge counts	*n* (%)
Misdemeanor total	756
Crimes against property	78 (10)
Crimes against society	577 (76)
Crimes against persons	101 (13)
Felony total	270
Crimes against property	56 (21)
Crimes against society	102 (38)
Crimes against persons	112 (41)
Criminal conviction counts[a]	***n* (%)**
Misdemeanor total	247
Crimes against property	21 (11)
Crimes against society	198 (80)
Crimes against persons	28 (11)
Felony total	100
Crimes against property	34 (34)
Crimes against society	35 (35)
Crimes against persons	31 (31)

[a]A criminal conviction can only result from a prior criminal charge.

were convicted of at least one criminal felony, 23 subjects (7%) had at least one criminal felony conviction against property, 26 subjects (8%) had at least one felony conviction against society, and 22 subjects (7%) had at least one felony conviction against persons. Forty-one of subjects (13%) had both criminal misdemeanor and felony convictions.

As previously mentioned, typology of criminal offences committed by subjects were not mutually exclusive. Table 3 shows the breakdown of typology offences committed by criminal charge and conviction type. Overall, the most common misdemeanor charges were crimes against society (76%) but the most common felony charges were crimes against persons (41%) (Table 3). The most common criminal misdemeanor conviction typology were crimes against society (80%) but criminal felony convictions were nearly evenly distributed between the three typologies (Table 3).

TABLE 4 | Distribution of total jail episodes and days in jail from subjects who experienced any incarceration.

Subjects with incarceration event(s)	Total subjects ($n=123$) *n* (%)
Jail episodes	
1 jail episode	45 (37)
2–4 jail episodes	42 (34)
5+ jail episodes	36 (29)
Days in jail	
1–6 days in jail	43 (35)
7–60 days in jail	39 (32)
61+ days in jail	41 (33)

TABLE 5 | Chi-squares with a statistically significant relationship between EPP and a dual SUD diagnosis.

Relationship with dual disorders	Chi-Square
Crimes against society	$\chi^2=13.172$ ($p<0.0003$)
Crimes against persons	$\chi^2=9.136$ ($p<0.0025$)
Incarceration	$\chi^2=10.152$ ($p<0.0014$)

One hundred twenty-three subjects (40%) had at least one episode of incarceration, with 561 total jail episodes accrued by these individuals. For subjects who spent time in jail, the range of jail episodes was 1–44 with 45 subjects (37%) having one jail episode, 42 (34%) having 2–4 jail episodes, and 36 (29%) having 5 or more jail episodes (Table 4). For subjects who experienced jail incarceration, the range of days spent in jail were 1–1474. Within this group, 43 subjects (35%) spent 1–6 days in jail, 39 (32%) spent 7–60 days in jail, and 41 (33%) spent over 61 or more days in jail (Table 4). There were seven jail episodes that did not correlate with criminal charge or conviction. Sixteen subjects had at least one prison incarceration with prison sentences ranging from approximately 1–14 years, with a mean of 3.6 years (SD = 3.5).

Turning to the relationship of a dual SUD diagnosis, as previously mentioned, 107 subjects or about a third of the sample had a co-occurring SUD diagnosis with their qualifying EPP diagnosis. Substances assessed for a SUD diagnosis include nicotine, alcohol, and any illicit substances. Seventy-nine subjects (26%) had a charge or conviction related to substance use or misuse. Chi-square demonstrated that any SUD diagnosis was related to higher overall occurrences of crimes against society ($\chi^2=13.172$, $p<0.0002$), and persons ($\chi^2=9.136$, $p<0.0023$) (Table 5). Moreover, in this sample of adults experiencing EPP, a comorbid SUD diagnosis was statistically associated with incarceration ($\chi^2=10.152$, $p<0.0011$) (Table 5). Table 6 shows the subjects with at least one criminal charge, criminal conviction, or incarceration event and separates frequencies by EPP qualifying diagnosis alone compared to a dual EPP and SUD diagnosis.

4 | Discussion

Individuals suffering from EPP experience higher rates of criminal conviction compared to the general population (Hodgins

TABLE 6 | Distribution of any presence of criminal charges, convictions, and incarcerations by subjects with a qualifying EPP diagnosis compared to subjects with a dual SUD diagnosis.

	Total subjects ($n=309$) *n* (%)	EPP diagnosis alone *n* (%)	Dual diagnosis *n* (%)
Criminal charge			
Misdemeanor	134 (43)	69 (51)	65 (49)
Felony	57 (19)	28 (49)	29 (51)
Both	46 (15)	20 (43)	26 (57)
Criminal conviction			
Misdemeanor	93 (30)	44 (47)	49 (53)
Felony	53 (17)	27 (51)	26 (49)
Both	41 (13)	20 (49)	21 (51)
Any incarceration	124 (40)	68 (55)	56 (45)

et al. 2011; Marion-Veyron et al. 2015; Ramsay et al. 2011; Webster et al. 2023). Furthermore, criminal conviction was related to higher rates of criminal recidivism within the EPP population (Webster et al. 2023). However, additional evaluation of criminal charges accrued assists in understanding the overall legal burden experienced by this population. Almost 33% of misdemeanor charges resulted in a criminal conviction and 37% of felony charges resulted in a criminal conviction.

Regarding the typology of offence, across all criminal offences the most common were crimes against society, followed by crimes against persons, and then crimes against property. Eighty percent of misdemeanor criminal convictions were categorized as crimes against society. However, felony convictions crossed all criminal typologies with nearly similar frequencies. Thirty-eight percent of the sample was found to have two or more types of charges or convictions as categorized by the FBI UCR program. These data highlight that the majority of misdemeanor convictions are related to crimes against society but that there is also a high burden of criminal typology crossing for individuals with an identified legal history.

Looking at incarceration, 123 subjects (40%) had at least one jail episode with most of these subjects' having four or less jail episodes. Within the group of subjects who experienced incarceration, over 60% of subjects spent 60 days or less in jail. However, Garcia-Grossman et al. showed any episode of incarceration was associated with higher burden of chronic health outcomes in older adulthood (Garcia-Grossman et al. 2023). Additionally, Miller et al. found that US adults who had at least one jail episode account for one in five adult suicides (Miller et al. 2024). The aforementioned studies do not focus on people with EPP but do raise additional concern for the deleterious impact of incarceration upon those living with EPP. This compounds the fact that individuals with EPP, when compared to the general population, already have worse health outcomes and reduced life expectancy due to living with a chronic severe mental illness (Lawrence and Kisely 2010). Additionally, people experiencing EPP are also at an elevated risk for suicide attempts and suicide completion compared to the general population (Pompili et al. 2011). Taken together, the high frequency of subjects in the present sample having at least one jail episode could therefore possibly increase their risk for poorer health outcomes and death by suicide. It is imperative for future studies to examine the relationship between incarceration, health outcomes, and suicide risk in an EPP population to see incarceration truly affects this vulnerable population.

Regarding dual diagnosis, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2022, almost 49 million Americans (approximately 17% of the population) aged 12 or older had a SUD within the past year (SAMHSA Administration 2023). Within the present sample of individuals experiencing EPP, 107 (35%) individuals were identified as having an SUD diagnosis when entering the program. Although lower than other EPP studies (Kavanagh et al. 2004; Lambert et al. 2005), this remains more than twice the rate found among the general population.

It is well documented that substance use, or misuse, increases the risk for people to interface with the criminal justice system. It is also well-documented that psychosis independently increases the risk of interaction with the criminal justice system. However, there is a lack of information exploring the relationship between individuals experiencing EPP with comorbid SUD and involvement with the criminal justice system. A comorbid SUD diagnosis was related to higher legal burden for individuals with EPP when compared to those without a SUD diagnosis. A dual diagnosis was correlated with higher frequencies of incarcerations ($\chi^2 = 10.152$, $p < 0.0011$). Moreover, a dual diagnosis was also correlated strongly with crimes against persons and society ($\chi^2 = 9.136$, $p < 0.0023$ and $\chi^2 = 13.172$, $p < 0.0002$ respectively). Noting this relationship, it is possible that crimes against persons, typically more violent crimes, may be modulated more by substance use than psychosis. This highlights a need for clinics specializing in treatment of individuals with EPP to either have providers able to manage a dual SUD diagnosis or collaborate with a specialty clinic for treatment of SUD disorders.

A strength of the study is the relatively large sample size for a well-characterised EPP population. This manuscript expanded upon prior work utilising a publicly accessible database of court proceedings, jail stays, and prison incarcerations to better understand the legal burden of subjects experiencing EPP. Moreover, the study provided a new conceptualization for categorization of legal offence using the FBI UCR program. Historically, criminal offences have been categorized into violent and non- violent offences for individuals experiencing psychosis (Hodgins et al. 2011; Latalova 2014; Rolin et al. 2019; Winsper et al. 2013). While understanding violence is important for those suffering from psychosis and EPP, these individuals are more likely to hurt themselves than others (Latalova 2014; Whiting, Lennox, and Fazel 2020; Winsper et al. 2013). As such, it may be more useful to move away from this binary coding of criminal offending and instead use a well-established and easily reproducible method to categorize criminal offence. Last, this study highlights the risk and relationship between a dual substance use disorder diagnosis in individuals with EPP and how this dual diagnosis increases legal burden in this already vulnerable population.

A limitation of the current study is the lack of information on juvenile criminal charges and convictions. The databases used in this study to procure criminal offending information do not provide information on offences and incarcerations committed as a minor. Moreover, implementation of one of the databases (*Indiana MyCase*, 2010) began in 2010 and county use and implementation has varied. This data base also does not capture criminal proceedings outside the state of Indiana. Finally, the subject demographics and collected information lack richness to understand how other variables may affect legal burden and incarceration for those experiencing EPP.

5 | Conclusions

In this study of individuals experiencing EPP, most were young African American males with a primary qualifying diagnosis of schizophrenia and over one third of the entire sample had a dual SUD diagnosis. Out of 309 subjects in the study, 155 (49%) subjects had a history of a criminal charge, 104 (34%) subjects had a history of criminal conviction, and 123 (40%) of subjects had at least one incarceration event. Based off of the FBI UCR program, the most common offence typology resulting in a misdemeanor

conviction was crimes against society. However, for felony criminal convictions, there were nearly equal frequencies of crimes against property, society, and persons. A dual SUD diagnosis in this sample was individuals experiencing EPP was statistically associated with incarcerations ($\chi^2 = 10.152$, $p < 0.0011$), crimes against society ($\chi^2 = 13.172$, $p < 0.0002$), and crimes against persons ($\chi^2 = 9.136$, $p < 0.0023$). These data highlight the need for specialty care clinics treating persons with EPP to have staff that can concomitantly manage SUD disorders or partner with a SUD specialty clinic. Future studies would benefit from continued exploration on how dual SUD diagnosis further modulates legal burden and potential health outcomes for individuals experiencing EPP.

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Data Availability Statement

Research data are not shared.

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