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Do the Effects of Inadequate Housing/Community and Inadequate Employment Increase the Likelihood of Criminality Amongst Individuals with Mental Health Disabilities?

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Abstract

An abundant amount of research on mental health and more specifically the social barriers faced by Individuals with Mental Health Disabilities (IMHD) exists regarding access to adequate housing/community and employment. What research lacks in precision concerns incidents of criminality amongst IMHD. Research has concluded decades over that IMHD are more at-risk of finding themselves in situations of inadequate employment and inadequate housing/community. To which, research has also found most often leads to increased chances of addiction, welfare dependency, negative peer associations/influences, lack of positive role models; situations of which in general lend greater opportunities for criminal involvement. This paper will in a literature review, seek to understand and analyze why IMHDs make-up an overrepresented population within the criminal justice system, and whether or not there is a correlation between criminality perpetuated by IMHD in relation to situations of inadequate housing/community and inadequate employment amongst said population.

Introduction

What defines a mental health disability? According to Statistics Canada, an individual suffering from a mental health disability is one who "...[experiences] limitations in their daily activities because of difficulties with an emotional, psychological or mental health condition (e.g., anxiety, depression, bipolar disorder, substance abuse, anorexia, etc.)".⁴² A mental health disability is typically associated with feelings of distress and impairments impacting important areas of daily functioning in thinking, emotional regulation or behaviour.⁴³ It is reported by the World Health Organization (WHO), that "1 in every 8 people in the world live with a mental disorder".⁵¹

Research contends that common factors contributing to mental health disabilities can be categorized into four spheres – one *biological/physical factors*, which include aspects such as "genetic deficits or inherited vulnerabilities, poor parental care, very low birth weight, chronic physical illness or disability, exposure to chemicals or drugs, head injuries".^{11(p444)} Two *psychological factors*, including "stress, low intelligence, lack of control or mastery".^{11(p444)} Three *family factors*, which place emphasis on immature parents, parental history of mental illness, parents who are abusive or involved in criminal activity, marital strife, poor childhood discipline, and disorderly family dynamics.¹¹ Four *social conditions*, which consider influences such as "poverty, stressful living conditions, homelessness, social disorganization, overcrowding".^{11(p444)} It is important to retain

that the development of a mental health disability is the cause of multiple factors that together aggravate emotional and chemical disturbances within the brain.⁴⁶

Importantly, research presents data showcasing how IMHDs are an over-represented population in the criminal justice system^{7,15,16,29,34}, and that 40% of IMHDs have been arrested at least once in their lifetime.⁷ In conjunction with such, the Government of Canada also reports that IMHD are more likely to come into contact with the police and possess a higher arrest rate than Canadians without a mental health disorder; about four times more likely.²¹ Factors contributing to why IMHD end up in the criminal justice system are commonly found to be related to victimization and social inequalities such as poverty, inadequate housing, unstable community environment, experienced trauma, possessing a criminal record, and substance use problems.^{7,29} Involvement in the criminal justice system has also been further found to increase already existing stigmatizations and discriminatory practices associated with the treatment of IMHD within society, adding to existing barriers associated with possible or successful integration in society.^{7,29,34}

Research seems to commonly cite that poverty, precarious neighbourhoods, unemployment and substandard employment all foster greater opportunities to be involved in criminal activity in general; as "...crime will increase whenever social inequality increases".^{46(p165)} That said, the conditions under which IMHD are more likely to be ostensibly found living in may be factors that make criminality more likely. As well as involvement in the criminal justice system as linked to incidents and circumstances of inadequate housing/community and inadequate employment. Research also cites much literature indicating that IMHD are often living within these types of situations (i.e., incidents of inadequate housing/community and inadequate employment).

Social research in general touches on but does not explicitly define nor confirm the contributing and provoking factors associated with criminality as committed by IMHD. An abundance of research exists on crime in general, however when analyzing and evaluating the growing statistics in psychiatric offending and offenders, research is considerably lacking in investigating a new and growing social phenomenon. Given social studies confirmations in data showing that IMHD are often living with inadequate living and employment situations, research is required in order to fulfill this critical void in concretely understanding the intersections of housing, employment, and criminality amongst IMHD. Considering such, this paper therefore seeks to analyze various articles in attempts to decipher through possible correlations wherein situations of inadequate housing/community and inadequate employment and the impacts such have in increasing the likelihood of criminality amongst IMHD.

Thesis

The objective of this paper is to examine and analyze literature on social conditions that may contribute to criminality amongst IMHD (i.e., inadequate housing/community and inadequate employment). It seeks to understand and determine whether said variables together, affect crime, and therefore hopefully produce an explanation towards the reported overrepresentation of IMHD in the criminal justice system in Canada. This will be accomplished by posing the following question: *Do the effects of inadequate housing/community and inadequate employment increase the likelihood of criminality amongst individuals with mental health disabilities?*

Objectives

The objective of this paper is to answer the thesis question mentioned above. This paper will draw upon various academic literature reports in order to analyze possible reasons as to why IMHDs commit crimes, and whether inadequate housing/community and inadequate employment has any provoking effects on the likelihood of criminality amongst IMHDs.

For the purpose of this literature review, the following definitions apply the variables chosen:

Inadequate housing/community is defined as any sort of shelter (including homeless shelter(s), subsidized housing, illegal housing, resource center(s), slum-lord housing, homelessness) that does not meet survival and basic living needs.

Inadequate employment is defined as legal employment that does not suit the needs or provides sufficient income.

Crime is defined as any act that goes against the Canadian Criminal Code, and is punishable by the law.

Literature Review

Research on crime in general finds that crime is largely committed in disadvantaged and impoverished communities, where various social indicators have been correlated to the occurrence of criminal activity.^{14,22,37,44} Social indicators such as economic conditions (poverty and unemployment, local context, history, and culture) have also been cited to increase the likelihood of criminal propensity for individuals in general²²; as well as peer associations, community characteristics, disadvantaged neighbourhoods, welfare dependency, isolation from conventional role models, learnt behaviours, and social interactions all have been found to be correlated to engagement in crime in general.^{14,44} Other factors have also been identified, such as leisure activities, work and school situations and behavioural and personality characteristics.^{1,49}

When contemplating data finding that IMHDs are

over-represented in the Canadian criminal justice system^{7,15,16,29,34}, factors contributing to this phenomena are commonly found to be related to social inequalities such as poverty, inadequate housing, unstable community environment, experienced trauma, possessing a criminal record (recidivism), and substance use problems (addiction(s))^{7,29}, as well as due to "...homelessness, and secondary effects of mental illness such as cognitive impairment..."^{20(p3)} In addition to research finding that deinstitutionalization, frequent run-ins with police, and inadequate access to healthcare services.⁷

An important even in the history of psychiatry/mental health includes the situation of *deinstitutionalization*, which denotes the phenomena where hospitals and psychiatric facilities discharged a mass amount of psychiatric patients due to institutional closures (i.e., lack of funding), leaving psychiatric patients to be moved from more private and isolating environments to more public and community orientated environments (i.e., group homes, resource centers, halfway houses).¹⁷ When considering incidents of criminality in general in comparison to IMHD whom engage in crime, there seems to be shared, specific circumstances in which can lead to criminality (i.e., housing/community circumstances, and substance use) when considering general statistics produced from the Canadian criminal justice system for IMHD and crime in general. One could argue that the deinstitutionalization policies/movement of IMHDs have attributed to the issues discussed in this study. Notwithstanding such, data does not explicitly report on reasons why IMHD engage in criminal behaviours.

Reports show that IMHD are also more commonly found to be charged with petty crimes such as "...jaywalking or wandering behaviour[s] as a preventive law and order measure"^{20(p3)} as well as minor offences like theft³⁸, property damage, disorderly conduct (including sex-offences³⁸, drug possession (and drug-related offences³⁸) rather than violent offences.⁵ Connectedly, IMHD have been found to make-up an overrepresentation of individuals subject to police shootings, stun gun incidents, and fatalities.⁵ There is no existing evidence dictating that IMHD are inherently more violent or inclined to criminality than any other person, rather research defends that social conditions that manifest or promote criminality is what more commonly predicts criminal tendencies.⁵ A popular existing misconception suggesting that IMHDs are more prone to violence is a common idea lending explanation towards mental health and criminality. However despite such, research confirms that such is in actuality false and is due to stigmatizations and stereotypes as perpetuated by media influences.^{6,20,40}

In this sense, IMHDs are found to be imprisoned and charged with criminal offences as a result of the criminalization process of mental health disabilities.^{36,50}

Taylor cites that individual diagnosed with schizophrenia as well as individuals with alcohol and cannabis use disorders (i.e., addictions), are more likely to engage in violent acts and become implicated in the criminal justice system.^{45(p33)} Taylor also makes it a point to distinguish that the majority of individuals diagnosed with schizophrenia are not inherently violent rather it is their experienced paranoid ideas (i.e., hallucinations and delusions) that often cause the individual to act violently.^{45(p33)}

In conjunction with such, research also finds suggestive evidence that social circumstances can have neurological effects that make criminality more likely wherein IMHD are concerned. Anakwenze and Zuberi found that:

"Long-term experience of chronic stress created by exposure to violence and the threat of victimization can have physiological consequences . . . [and] can influence cognitive functioning by inhibiting the formation of connections between neurons in the brain and by impairing memory. . . . [It] can also lead to greater aggressiveness, impulsivity, anger, and susceptibility to substance use. . . . These biosocial consequences of violence—poor cognitive development, risk-taking, and substance use—may, in turn, increase the risk of school dropout or teenage pregnancy"^{2(p150)}

In conjunction with Anakwenze and Zuberi, communities and neighborhoods are common indicators of social status and wealth based on where one might live. Blue-collar districts characterized by social disparity and inequality are often responsible for upholding communal identities associated with social rejects and the poor.²⁶ Dwellings that house individuals with more stable income are found to possess a decreased prevalence of criminal activity.⁴⁸ Whereas communities hosting individuals with lower socio-economic statuses, research has proven that said types of communities more often tend to be frequented with criminality and violence (break-ins and theft for example⁴⁸; poorer health, and less access to social support²⁷). The prevalence of neighbourhood crime has also been found to increase risk-taking behaviours, act as a school for learning (presence of negative influences, i.e. deviance and crime), and increase the likelihood of addictions.²⁷

For example, Moniruzzaman et al. found that crime rates significantly decreased for individuals living in safe, productive, and stable neighbourhoods.³⁷ The study found that "...indirect pathways [such as poverty-stricken neighbourhoods] appear to account for the association between mental disorders and crime... [through] experience[s] of poverty, social marginalization, unemployment, exposure to substance use, [and] crime".^{37(p1)} Participants of this study were dispersed in areas with different neighborhood and community demographics (i.e., impoverished and economically stable

neighbourhoods), where it was found that in areas with high crime rates, participants engaged in more criminality; whereas participants located in areas that supported healthy social inclusion, were more likely to become a functioning member of that community.³⁷ Moreover, Friedman found that "...decent housing contributes to the prevention of crime... stable neighbourhoods that act as deterrents to criminality, and to the role of good housing as a force preventing reoffending, especially amongst young people potentially heading down paths of criminality".^{18(p4)}

When reflecting on neighborhood/community identities as mentioned above, do *communal identities* of *social rejects* and the *poor* are associated frequently with ideas of crime and deviance. The idea of living in a sector that is already identified as criminal and deviant as well as being exposed to criminality, does this enhance the likelihood of participating in crime(s) based on internalized ideas of communal identity? Tillyer and Walter cite how social structural characteristics can explain where crime could be most prevalent, making reference to social disorganization theory, creating situations of anomie wherein a lack of resilience and adaptation to problem-solving become a predicting factor of criminality; implying that individuals in lower socio-economic neighbourhoods possess a weaker ability in this context to adapt to their circumstances and thus are more likely to resort to criminality.^{48(p937-974)}

For example, research on housing and children reveals that poor quality housing/community can affect a child's "...health, academic performance and cognition", as well as foster delinquent behaviours during adolescence.^{25(p160)} Housing characterized by chaos, overcrowding, low income, clutter, as well as health and safety hazards have all been found to contribute to the increased likelihood of childhood delinquency and later criminality.²⁵ Studies have proven that children exposed to inadequate housing or communities starting from a younger age can also contribute as a factor inciting later criminality during adulthood. These studies collectively demonstrate how adequate living conditions and economically stable neighbourhoods favor a healthy and stable well-being of individuals whereas inadequate housing/community conditions offer the opposite and are more prone to criminal propensity.

Research has found that housing/community is an important factor affecting mental health. Lim employs Maslow's Hierarchy of Needs to showcase the importance of housing wherein one's mental health and well-being is concerned.³² Maslow's Hierarchy of Needs stipulates satisfying needs bottom-up in order to reach self-fulfillment and well-being (i.e., physiological needs (food, warmth, rest), safety needs (security, safety – housing), belongingness and love needs, esteem needs, and then self-actualization), which as per according to Lim, are the prerequisites required for a good mental health.³² Lim

further argues that poor-quality housing (i.e., overcrowding) can impact mental health in terms of higher stress levels, low energy, chronic thermal discomfort, anxiety, feelings of insecurity, possible sleeping disabilities, and depression.³² Poor quality housing predisposes "...individuals to mental disorders by lowering their baseline mental health".^{32(p2)} Overcrowding has been found to negatively impact mental health.³² This fits with Jackson et al. study finding that when housing conditions satisfy elements of safety and security, health outcomes are optimized.²⁵

Social conditions such as overcrowding, "...social environment, upbringing factors, poverty, and disadvantaged neighbourhoods contribute to criminality in different ways" among IMHD.^{38(p266)} Mundia et al. also recorded that the majority of their study participants "...resided mostly in a metropolitan area with the highest concentration of the population" and were characterized by overcrowding.^{38(p266)} Mundia et al. in conjunction with Lim and Jackson et al. on the topic of overcrowding underline an important factor associated with an increase in mental health symptoms and effects on well-being. For when mental health symptoms are exasperated as a result of over-stimulation and other individuals crowding space, living conditions towards one's well-being begin to deteriorate further impacting one's functioning and contribution within society (i.e. work, community, etc.).³⁸ Thus posing as an important distinguishing element in presenting negative effects of inadequate housing/community on the performance and quality of life in day-to-day functioning wherein IMHDs are concerned. As well as highlighting how housing/community conditions matter in terms of reaching overall well-being.

Research provides findings that suggest IMHD living in community housing that does not satisfy basic needs can potentially be at-risk of developing criminal behaviours.^{2,18,19,25,3} For, situations of inadequate housing/community can act as manifesting factors by virtue of overcrowding, unstable communities, poverty, and negative peer associations which as per findings on crime in general, have collectively been found to foster greater likelihood of criminal propensities. Moreover, incidents of inadequate housing/community has been found to hold the important potentiality to negatively affect the well-being and mental stability of one, creating further barriers in managing experienced mental health symptoms and attaining a quality of life that would enable one to live within satisfactory living conditions. Whether or not felt quality of life leads or provokes criminality is not confirmed by the research analyzed. Albeit, it remains an interesting point for fruit for thought.

Social research focusing on the implications of employment and criminality has found that employment characteristics can impact criminal engagement via

a number of variables such as sense of employment fulfillment/satisfaction and sense of belonging. For example, Mester et al., and Lageson and Uggen argue that the quality of work or weakened attachment to work makes crime more appealing.^{28,35} As well as studies have reported that unemployment, chronic poverty, and limited access to employment opportunities are positively correlated to criminality.^{24,26,39} Inadequate employment has also been found to increase incidents of criminality in situations where "...legitimate pathways to economic and social ascent are blocked".²⁸ Hogan et al. elaborate how criminality amongst individuals in general is expressed as a "business" venture, where crime is considered as a business venture and is deliberated based on a cost-benefit analysis – if the capital gained from illegal activities outweighs the costs of legal punishments/consequences, then criminality can be perceived as a perfectly rational business decision.²³ Furthermore, Mesters et al., cite an interesting point related to social welfare policies and welfare benefit programs, in that "...welfare payments do not stimulate the structure, maturity, responsibility, social bonds and changes in identity that employment provides".^{35(p160)} Mester et al. argue that social welfare dependency as a source of *livable income* does not actually provide individuals with the same sense of social bond or social responsibility that one would supposedly gain from conventional employment.³⁵

These findings shed light on the fact that if people are not able to attain a satisfactory and necessary income from employment, they may turn to illegal business opportunities for instrumental reasons (i.e., Strain Theory by Robert Merton – illegitimate means to obtain the goal/objective). Where Lee-H and Lee find that employment for IMHD promotes well-being and self-esteem, which in turn enables individuals suffering from a mental health disability to develop financial independence and obtain a sense of being a contributing member of society.³¹ As well as link the idea that a lack of sense of attachment to work or social bonds at work, a decreased sense of identity and responsibility, could contribute to an increased likelihood of criminality wherein employment endeavors are concerned. Research presents conclusive findings in being able to correlate that inadequate employment is a possible pathway to criminality. Marking factors such as unemployment, weakened social bonds, limited access to the workforce, and insufficient capital gains in general as provoking circumstances that can lead to acts of criminality.

IMHD are found to suffer from higher rates of unemployment, which is a known factor linked to poverty and income deficits.^{3,17,19,33,50} Funk et al. cite several research studies that have all collectively reported that employers are more reluctant to hire a person with a mental health disability holding the belief that their disability impairs their overall functioning and ability to do a particular

job.^{10,19(p170)} Funk et al. highlight how discriminatory practices surrounding employment opportunities restrict the ability of IMHDs to engage in meaningful and productive work, creating with it a snowball effect of problems in escaping the vicious cycle of poverty amongst IMHD.¹⁹ Such is provoked by long-standing stigmatizations that assume IMHD are less productive workers, less skilled, more likely to take a leave of absence, are more likely to call in sick to work, not able to handle the workload, experience heightened symptoms impairing their functionality at work.¹⁹ It should be noted that the stigmatizations discussed do not account for the various medical and psychosocial follow-up's that IMHDs have within the community. Said stigmatizations further hinder the opportunities and rehabilitative success of IMHDs to successfully re-integrate back into society with meaningful employment. In this sense, the lack of not only meaningful, but work in general, renders an ultimately forced welfare dependency; which as previously mentioned, can provoke criminality in reasons of insufficient funds made available for example.

When deliberating on the information discussed, it can be ascertained that IMHDs in general, do not seemingly have access to equal nor adequate housing/community, adequate employment, or proper social support. Where in summation of housing/community and employment wherein IMHDs are concerned, said population has been found to often be frequented with barriers created through social oppression leading to poor housing conditions, poverty, and insufficient social networks and supports which in turn interfere with the abilities of IMHD to access safe and affordable housing, as well as financial stability and employment.^{17,20,25,29,32,38} In tandem with further hindrances such as stigmatizations that further facilitate negative affects towards attaining adequate housing/community and employment amongst IMHDs. Further analyzing the data found concerning mental health and crime, criminality amongst IMHDs is more often than not ostensibly a bi-product of *survival behaviours* fueled by petty crimes to attain basic needs (i.e., theft, drug-offences, sex-offences), or a cause of heightened psychiatric symptoms (which can be provoked by a number of leading factors or as a result of a comorbid diagnosis such as substance use for example) for what research to-date on the variables and populous concerned can be found. Notwithstanding that research is underdeveloped, there is evidence that provides plausible and possible correlations to be made between inadequate housing/community, inadequate employment, and criminality amongst IMHDs.

Conclusion

Wherein quality of life of IMHDs are concerned, the WHO has found using international surveys that a majority of this population sub-type does not have access

to effective care due to health systems not adequately being able to service the needs of people suffering from mental health disabilities; which consequently affects the quality of life of said individuals.⁵¹ As well as internationally, several social studies focusing on IMHD have found that said persons tend to be at an increased risk of unemployment, employment loss, or being placed in substandard housing.^{8,9,10,12,13,16,17,30,37,41,47} It has also been reported that IMHD require additional or specialized "... support for educational programs, employment, housing, and participation in other meaningful activities".⁵¹ Research available presents evidence that IMHD are at a disadvantage in terms of obtaining adequate employment due to stigmatizations, which has also been proven to be a mitigating element towards the increased likelihood of criminal engagement for crime in general.

By analyzing the information reviewed within this literature review, as well keeping in mind the question posed at the beginning of this paper – *Does inadequate housing/community and inadequate employment increase the likelihood of criminality amongst individuals with mental health disabilities?* This literature review confirms that inadequate housing/community and inadequate employment can increase the likelihood of criminality for individuals in general, as confirmed by various research studies in various decades. More specifically, analyzing the fact that IMHD are more likely to experience situations of inadequate housing/community and inadequate employment, it could explain why this population is recorded as being disproportionately involved in crime and make-up a significant percentage of individuals involved in the criminal justice system. This paper however cannot confirm whether or not criminality perpetuated by IMHD is directly caused by variables of inadequate housing/community and inadequate employment, for the data taken from secondary studies does not specifically denote this confirmation. However rather cites limited data on criminality amongst IMHD as being a cause of quality-of-life situations (which notably include poverty, lack of health services, addiction, negative peer associations/influences, community circumstances, lack of social identity, volatile employment opportunities, and/or welfare dependency).

When considering said situations mentioned above, as well as the reasons why crime is committed in general, this paper proceeds to highlight an important disparity in knowledge wherein the needs and lives of IMHD are concerned; especially where in crime is discussed. This paper focused on whether IMHD are more inclined to criminality as a result of inadequate housing/community and inadequate employment and provides a weak but plausible correlation between the variables of interest. Further research is required to precisely determine this relationship of the variables mentioned by conducting

research that focuses on person experience, whether by survey or by a qualitative study. As well as to analyze possible compounding variables such as stigmatization, learnt behaviours and inadequate access to mental health care and support on the effects of criminality amongst IMHD. Crime must be researched in a way that seeks to understand the truer reasons as to why IMHD commit crimes and make-up an overrepresentation in the criminal justice system in Canada specifically.

With the aim of better understanding the lived experiences and actions taken by IMHD, this study contributes to the existing body of knowledge regarding IMHD by focusing on specific variables (i.e., housing and employment together) and their causal effects on criminality amongst IMHD. Said variables together have not been specifically identified in existing research to-date; where this research stands as contributing important knowledge to the field of social research by expanding on specifications towards a growing social phenomenon that requires help in rectifying approaches and interventions.

Limitations

The study is limited in the sense of its reliance on secondary data. This study also presents limitations with more current, up-to-date statistics and studies (i.e., could benefit from more current day research from 2022 to 2024). This study also presents limitations in terms of data availability, certain articles that could have proven useful towards the paper were not available. A further limitation of this study regards the fact that data is based on the Canadian criminal justice system uniquely.

Future Research

This literature review provides the opportunity for future research to investigate the specific reasons as to why IMHD commit crimes based on quantitative research project. This literature review emphasizes a critical gap need in knowledge to be bridged with in-field surveys or interviews with patients in legal psychiatric facilities. Future research can use this literature review to analyze specific proponents of crime as committed by IMHD, where community initiatives/interventions can be proposed and developed to help decrease the overrepresented number of IMHD making up incarcerated persons. Future research can also contemplate IMHD recidivist, and how interventions can be developed in prison systems to help answer the needs of IMHD in terms of reducing criminal recidivism as well; another topic wherein knowledge is lacking in comprehension amongst IMHD.

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