Recidivism and Mental Illness: The Role of Communities

Jean T. Turner, Ph.D.
Thomas T.H. Wan, Ph.D.

ABSTRACT: This study examined the impact of community characteristics on rehospitalization of chronically mentally ill (CMI) clients from public psychiatric hospitals in Virginia. The relationship between rehospitalization, often termed recidivism, and community attributes was explained within the theoretical context of community ecology (Hawley 1950). A small area analysis approach that employed path analysis was used to assess the relationship between rehospitalization and selected community variables including: available health care resources, socioeconomic factors, race, presence of psychopathology, and household composition. The path model was estimated and validated using a linear structural relations computer program (LISREL VI). Results reveal female-headed households and socioeconomic status to be significant predictors of rehospitalization. A discussion of implications of the findings for community mental health services delivery and research is provided.

In recent years, a number of researchers have examined factors related to recidivism or a pattern of repeat hospitalization of chronically mentally ill (CMI) persons living in communities (Blazer, et al., 1985; Robins, et al., 1984; Neugebauer, Dohrenwend, & Dohrenwend, 1980). Goldman, Gattozzi, and Taube (1981) broadly define CMI individuals as those who suffer severe and persistent mental or emotional disorders that interfere with their functional capacities in relation to such primary aspects of life as self care and interpersonal relationships, and...
that often require prolonged psychiatric hospitalization. In the present study, psychiatric diagnoses, including schizophrenia, recurrent depressive and manic-depressive disorders, and chronic organic brain syndrome, are used to differentiate CMI persons from those having other types of psychiatric disorders.

Explanations offered in the literature to explain the marked increase in readmissions, especially in public mental hospitals, have tended to focus on either the inadequacy of treatment modalities for CMI persons living in communities (Tessler & Manderscheid, 1982; Dowell & Ciarlo, 1983) or the absence of community support for discharged patients (Bachrach, 1982, 1984; Grusky, Tierney, Manderscheid, & Grusky, 1985; Mechanic, 1986; Noble & Conley, 1981). The present study examines the role of selected community characteristics in explaining recidivism.

One approach to studying the relationship between communities and mental illness has been through analyzing variations in small geographic areas. An example of this small area approach is the Mental Health Demographic Profile System (MHDPS) designed by the National Institute of Mental Health (Redick & Goldsmith, 1974; Rosen, 1977; Rosen, Goldsmith, & Redick, 1979). Using data compiled from public records and descriptive statistics, the MHDPS delineates small geographic areas according to socioeconomic status, ethnicity, community stability and area homogeneity as a means of identifying populations at risk of mental illness. The present study uses similar categories of data to examine retrospectively the percentage of CMI persons rehospitalized in Virginia state-supported psychiatric hospitals over a six year period.

**VIRGINIA MENTAL HEALTH SERVICES SYSTEM**

*Community Services Boards*

In Virginia, Community Services Boards (CSBs) are the local governmental agencies responsible for the delivery of mental health services. Boards were established to provide services in the most accessible and responsive way, while in the least restrictive setting possible drawing upon all available community resources and the clients’ natural support systems (families, friends, work, etc.). Community Services Boards function not only as service providers, but also as a conduit through