

The Connection Between Mental Illness and Youth Violence in Canada

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Introduction

Despite the prevalence of mental illness among youth offenders, there is a lack of formal research on whether or not mental illness is in fact the cause of violent youth offending. It is known that incarcerated youth have high rates of mental illness, but correlation does not always equal causation (Drerup et al., 2008). Therefore, the purpose of this study is to uncover which specific mental illnesses lead to violent youth offending, or if there is in fact a causal link between the two. From there, early intervention and treatment may be used to prevent criminal activity and/or re-offending. The research question this study attempts to answer is: how do pre-existing mental illnesses contribute to youth violence in Canada? Additionally, a sub-question posed is: are certain mental health problems linked to specific sub-categories of violent offending? The underlying philosophical worldview in this research paper is transformative. The transformative worldview emphasizes the importance of accounting for marginalized groups, such as those with a mental illness (Creswell & Creswell, 2017).

Background

The Canadian Mental Health Association [CMHA] defines a mental illness as disturbances in thoughts, feelings and perceptions that are severe enough to affect day to day functioning, such as anxiety, depression, bipolar disorder, anorexia, substance abuse and others (CMHA, 2021). For many young individuals, mental health issues and criminal offending are inextricably linked. More specifically, over 90% of justice involved youth in Canada meet minimal diagnostic criteria for at least one disorder (Drerup et al., 2008). Furthermore, only one in five Canadian children who need mental health services actually receives them (CMHA, 2021). Therefore, in order to reduce youth violence in Canada, a critical step is determining whether or not mental illness as at the root of this problem.

Methods

This study was a critical appraisal of existing literature. More specifically, 15 scholarly sources and several other reputable websites were used to answer the research question. There was no need for primary or secondary research to be conducted, as it was confirmed through an extensive search process that there is sufficient information contained within existing sources. Furthermore, due to discrepancies in the literature, a critical appraisal was best suited for this study. This allowed for similarities, differences, and gaps in the literature to be identified with a broad range of participants and locations examined. To obtain sufficient sources, both the JIBC library and Google Scholar were utilized. The table below documents the inclusion and exclusion criteria input.

Figure 1. A chart demonstrating the inclusion and exclusion criteria used to obtain sources.

Inclusion Criteria	Exclusion Criteria
English, full-text articles	Not available in English/full-text
Dated 2003 onwards, in accordance with the implementation of the Youth Criminal Justice Act	Dated prior to 2003
Includes information on youth offending and/or mental illness	Did not include information on youth offending and/or mental illness

Results/Findings

In the studies analyzed there were several overarching themes and ideas presented, with regard to mental illness and youth offending. Key findings demonstrated across various sources include:

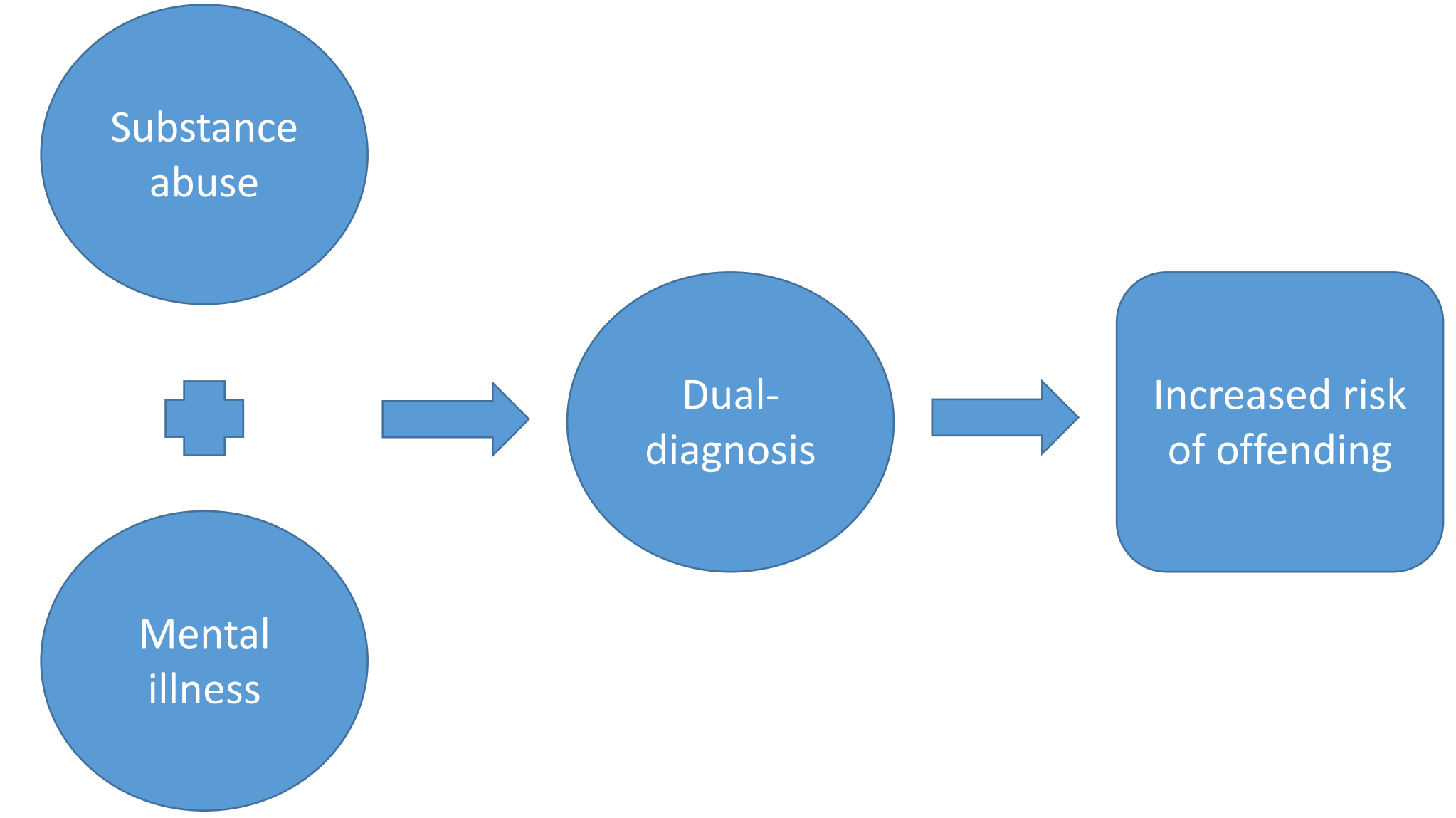
- A) A direct causal connection between certain categories of mental illness and violent offending.
- B) Mental illness alone is not sufficient to predict violent offending, but when coupled with other societal factors or pre-existing conditions it is.
- C) Individuals with mental illness are significantly more likely to reoffend once already in the system, compared to those with no pre-existing conditions.

However, the outcomes of each individual study were analyzed specifically with the research question and scope of the paper in mind. Therefore, the results of certain studies were more valuable than others. Among the studies that best suited the criteria of this research paper, the key findings were that substance abuse significantly predicts offending in youth, and substance abuse coupled with any other form of mental illness heightens that risk significantly (Guebert & Olver, 2014).

Discussion

The most important finding across the literature is that a dual-diagnosis increases the risk of violence (Guebert & Olver, 2014). A dual-diagnosis, or concurrent disorder, is when substance abuse issues and any other form of mental illness occur at the same time.

Figure 2. A flow chart demonstrating how mental illness leads to violent youth offending.



Research on what causes concurrent disorders demonstrates that both genetic and epigenetic influences, as well as environmental factors, can be used as predictors (Robinson et al., 2021). Sometimes, a mental illness can cause substance abuse issues, and other times substance abuse issues can trigger the onset of a mental illness. Regardless, these two things often occur simultaneously. Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse; and the same is true in reverse, about half of all alcohol and drug abusers will develop at least one serious mental illness throughout the course of their lives (Robinson et al., 2021). Overall, knowing that a dual-diagnosis causes youth offending, and the likelihood that one disorder will lead to concurrent disorders, this is an issue that requires special attention.

Conclusion and Recommendations

Through this analysis of existing literature it can be confirmed that mental illness does in fact have a causal connection to youth offending. More specifically, a dual-diagnosis significantly increases the risk an individual will offend and re-offend. Genetic and environmental factors specific to individuals can be used to determine whether or not someone will develop a dual-diagnosis in their lifetime. Often, there are revelatory signs that present themselves early on in life. These signs can be used to direct individuals to appropriate means of treatment in order to prevent, or even reverse, the effects mental illness. In order for this to happen, providing education on the signs and symptoms of mental illness, as well as making treatment options more available in an informed way is key. In terms of future research, conducting studies on which specific programs have been successful in dealing with each sub-category of mental illness, specifically in Canadian youth, would be beneficial. This way, young individuals struggling with mental illness can be directed to a form of treatment that is known to work, and another important step towards reducing youth violence can be taken.

References

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