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# Using Criminal Justice Involvement as a Mental Health Outcome Measure: Issues in Interpretation and Measurement

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# Using Criminal Justice Involvement as a Mental Health Outcome Measure: Issues in Interpretation and Measurement

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# Some facts and beliefs

- Persons with mental illness 1.5 times as likely to be jailed as admitted to a psychiatric facility
- Arrest is one step in the criminal justice process
- Inadequate services often cited as responsible for “criminalization.”

## Is Criminal Justice Involvement of Mental Health System Clientele a Quality Indicator for Mental Health Services?

- In locales with *no* services at all, or where services are extremely difficult to access, jail may be last resort
- jurisdictions described by E. Fuller Torrey and his colleagues, the criminal justice system will likely be the “default option” for managing mental health crises

# Community-based services and arrest

- Assertive Community Treatment
  - Does not affect arrest
- Tailoring ACT for “forensic” populations
  - Newer service entities such as FACTs and FICMs
  - Existing data present a “mixed bag” of outcomes.
- Evidence from the evaluation of jail diversion programs
  - Jail diversion and other programs targeting persons not successful unless adequate community-based services are in place

A “24/7, no-refusal drop off” emergency mental health service reduces the use of arrest and increases the use of mental health referral by police officers

# Arrest as an outcome measure: Debating the pros and cons

- What does an arrest record mean?
  - May mean different things in different locales
- Interpreting arrest rates at the system level
  - Changes in arrest rates, both upward and downward, may be due to special initiatives developed at the local level;
- Administrators need to maintain an awareness of new local programs potentially affecting the criminal justice involvement of agency clientele, even those not operated or funded by the state mental agency.

# What can be learned from arrest rates?

- identifying areas which exhibit consistently high levels of arrest;
  - Is it a *service delivery* issue?
  - Is it a *socioenvironmental* issue?
- identifying areas that display significant changes in levels, either upward or downward
  - Changes in substance abuse patterns
  - Changes in the ways police manage homeless and other populations



# Identifying persons with mental illness who have been arrested

- Two approaches

- Self –Report

- Interviewing agency clientele
    - Include among other questions

- Using Administrative Data

- Use criminal justice data on arrest
    - Merging with data from mental health agency

# Issues with Self Report

- misinterpretation of events and of actions taken by police and courts;
  - Police contact may be mistaken for arrest
  - Diversion mechanisms may lead person to believe their arrest “went away.”
- variations in local police and criminal justice system practices;
  - E.g., use of protective custody
- sampling issues – availability / exclusion from sample
- potentially stigmatizing effects of the question itself for persons with mental illness.
- “telescoping” of events from one time period to another

# Use of official criminal justice records

- Issues in the use of criminal justice records
  - formats of criminal justice data;
    - Often set up to generate reports not to serve as a data base
  - protected health information and privacy issues raised by cross-agency data sharing
    - Simply identifying a person as a mental health agency client may breach privacy regulations

## Arrest and criminal justice involvement as meaningful outcomes: What are we trying to measure?

- Arrest vs. a “night in jail” or a guilty finding?
- Simply being involved with the police or courts?
- Need to decide what constitutes meaningful measures of criminal justice system penetrations
- Differentiate between *individual* level problems and *system* level problems

# Some final thoughts

- High rates of arrest, particularly on minor charges, could be a reflection of grossly inadequate service system development
  - Accessibility for police vs. supportive of individual
  - Relationship between services and arrest not a strong one
  - To interpret – need to look at the crime rates of areas where individuals with mental illness reside – are they different? What risk factors might individuals be exposed to?
- If arrest data are to be used, it is important to learn about charges and outcomes, and also patterns prevailing in areas.
- When considering individual arrests – question: Does criminal justice involvement for this individual precede the onset of his/her mental illness.
- Arrest rates can change as a result of system interventions, such as jail diversion and other programs that circumvent arrest in favor of referrals to mental health services.

# Final thoughts on using self-report

There are numerous pitfalls associated with using self-report as a means of capturing arrest.

- Poor understanding of legal status on the part of detainees
- social desirability / stigma issues
- non-availability for interview of persons who were arrested and detained in the criminal justice system or other setting which excludes them from the sample of agency clientele to be interviewed.

# Final thoughts on using official data

- The merger of official criminal justice data with state mental health agency data may be a desirable course to pursue.
  - May provide detail about offenses and outcomes
- State mental health agencies need to understand what kinds of criminal justice involvement episodes are captured in such data.
  - Arrest? Arraignment? Outcome?
- Mental health officials may need to work with criminal justice agencies to
  - Develop an understanding of what information is included
  - develop and routinize procedures for merging data
  - minimize disclosure of protected health information on agency clients.

# What can be done with merged data?

- An example from Massachusetts: Product of a merger between data from DMH and “CORI” (Criminal Offender Record Information) systems
- Merger accomplished using data elements common to both data sets
- Took some programming – not all that daunting



# Ten-year arrest prevalence in a cohort of Massachusetts DMH service recipients (N=13,816)

<u>Offense</u>	<u>10- year prevalence</u>
Any	27.9
Person	
Felony	13.6
Misdemeanor	7.9
Property	
Felony	9.6
Misdemeanor	10.5
Public order	16.1
Drug-related	5.2
Public decency	3.6
Motor vehicle	8.1