

University of Massachusetts Medical School

eScholarship@UMMS

---

Implementation Science and Practice Advances  
Research Center Publications

Psychiatry

---

2008-02-14

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

William H. Fisher

*University of Massachusetts Medical School*

Let us know how access to this document benefits you.

Follow this and additional works at: [https://escholarship.umassmed.edu/psych\\_cmhsr](https://escholarship.umassmed.edu/psych_cmhsr)



Part of the [Health Services Research Commons](#), [Psychiatric and Mental Health Commons](#), [Psychiatry Commons](#), and the [Psychiatry and Psychology Commons](#)

---

### Repository Citation

Fisher WH. (2008). Using Criminal Justice Involvement as a Mental Health Outcome Measure: Issues in Interpretation and Measurement. Implementation Science and Practice Advances Research Center Publications. Retrieved from [https://escholarship.umassmed.edu/psych\\_cmhsr/286](https://escholarship.umassmed.edu/psych_cmhsr/286)

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Implementation Science and Practice Advances Research Center Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact [Lisa.Palmer@umassmed.edu](mailto:Lisa.Palmer@umassmed.edu).

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

William H. Fisher, Ph.D.  
Professor of Psychiatry  
University of Massachusetts Medical School

Prepared for the Data Infrastructure Grant  
Meeting,  
Washington, DC  
February 14, 2008

# 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                        |