

2-14-2008

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

William H. Fisher
University of Massachusetts Medical School

Follow this and additional works at: http://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, William H., "Using Criminal Justice Involvement as a Mental Health Outcome Measure: Issues in Interpretation and Measurement" (2008). *Systems and Psychosocial Advances Research Center Publications and Presentations*. 286.
http://escholarship.umassmed.edu/psych_cmhsr/286

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Systems and Psychosocial Advances Research Center Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact 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