

Study Purpose

This report is a supplement to “Length of Stay in Detention Facilities: A Profile of Seven New Mexico Counties” (August 2012) and presents an expanded analysis of arrestees who received mental health services.

Study Highlights

- On June 30, 2010, 20% of arrestees in Bernalillo and Dona Ana counties received mental health services.
- Using a diagnosis rank variable, the most common diagnosis category was personality/mood disorder (59%).
- Arrestees who received mental health services were more likely to be charged with a felony (63.7% compared to 49.6%).
- Not controlling for the influence of other variables, arrestees with a psychotic diagnosis had the longest median length of stay (290 days), followed by arrestees with an anxiety diagnosis (178 days) and personality/mood disorder (173 days).
- The findings suggest that receiving mental health services independently has an impact on length of stay (an additional 36 days).
- When specific diagnosis was included, having a psychotic diagnosis increased length of stay by 121 days when all other variables are held constant.
- The primary driver of length of stay is charge category, with arrestees charged with a Violent charge spending 286 more days when all others variables are held constant.

Effect of Mental Health Diagnoses on Length of Stay in Two New Mexico Detention Facilities

Introduction

In 2012, the New Mexico Sentencing Commission (NMSC) published a report entitled “Length of Stay in Detention Facilities: A Profile of Seven New Mexico Counties” (August 2012). This analysis is meant to supplement that report by providing additional information concerning arrestees who had received mental health services while incarcerated in a county detention facility.

Information on arrestees who received mental health services was only available for Bernalillo and Dona Ana counties. In total there were 744 arrestees (20%) that were identified as having received mental health services in the two counties. In Bernalillo County information regarding diagnosis was not available in an electronic format. Given time and resources, we were not able to collect the diagnosis for 180 arrestees. Those individuals are excluded in the analysis below.

Results

Arrestees who Received Mental Health Services

Just over half (51.6%) of the arrestees that received mental health services had more than one diagnosis. Since we did not know which of the diagnoses was more serious at the time they were receiving services in jail, we created a rank of diagnoses. Psychotic (schizophrenia) was ranked the highest, then personality/mood (antisocial personality disorder, depression, mania, bipolar), anxiety (post-traumatic stress disorder, generalized anxiety disorder), and alcohol/substance. If an arrestee had psychotic, anxiety, and alcohol diagnoses, the psychotic diagnosis was considered to be the highest rank. Personality/mood was the most common

diagnosis (59%). Figure 1 contains the percentage by diagnosis rank.

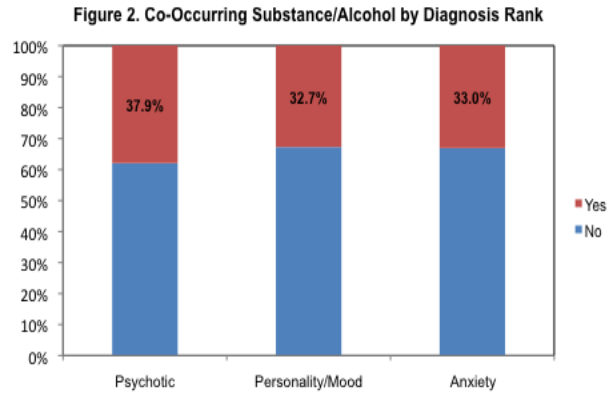
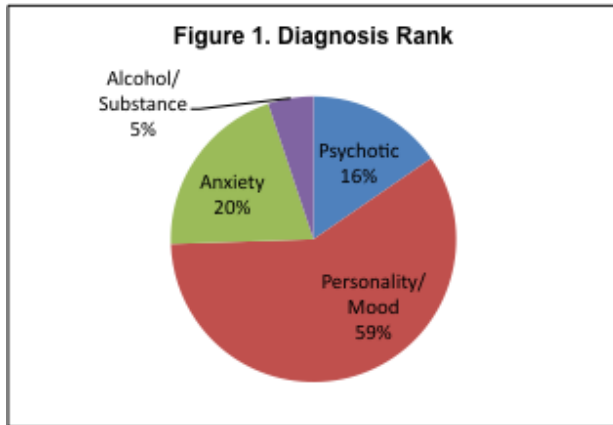
Arrestees with a psychotic disorder were more likely to have more than one diagnosis (average 2.2). Arrestees with a psychotic diagnosis had the highest incidence of co-occurring substance/alcohol diagnosis (37.9%). Figure 2 looks at the percentage of arrestees by diagnosis rank that had a co-occurring alcohol/substance diagnosis.

Arrestees who received mental health services were more likely to be charged with a felony compared to arrestees who did not receive mental health services. Of those who received mental health services, 63.7% were charged with a felony compared to 49.6% of arrestees who did not receive mental health services. Nearly 80% of arrestees who received mental health services and had a psychotic diagnosis were charged with a felony.

There were different patterns when charge category was looked at by diagnosis rank. Compared to arrestees who do not receive mental health services, arrestees with a psychotic diagnosis were significantly more likely to be charged with Assault/Battery (20% compared to 5%) or a Violent charge (22% compared to 10%). Arrestees with a personality/mood diagnosis were more likely to be charged with a Violent charge (20% compared to 10%). Arrestees with a substance/alcohol diagnosis were more likely to be charged with a Warrant (29% compared to 16%) or a Property charge (18% compared to 10%). Figure 3 looks at the charge category by diagnosis rank.

Effect of Mental Health Diagnosis on Length of Stay

Did arrestees who received mental health



services have a longer length of stay? Median length of stay for arrestees that did not receive mental health services was 142 days.

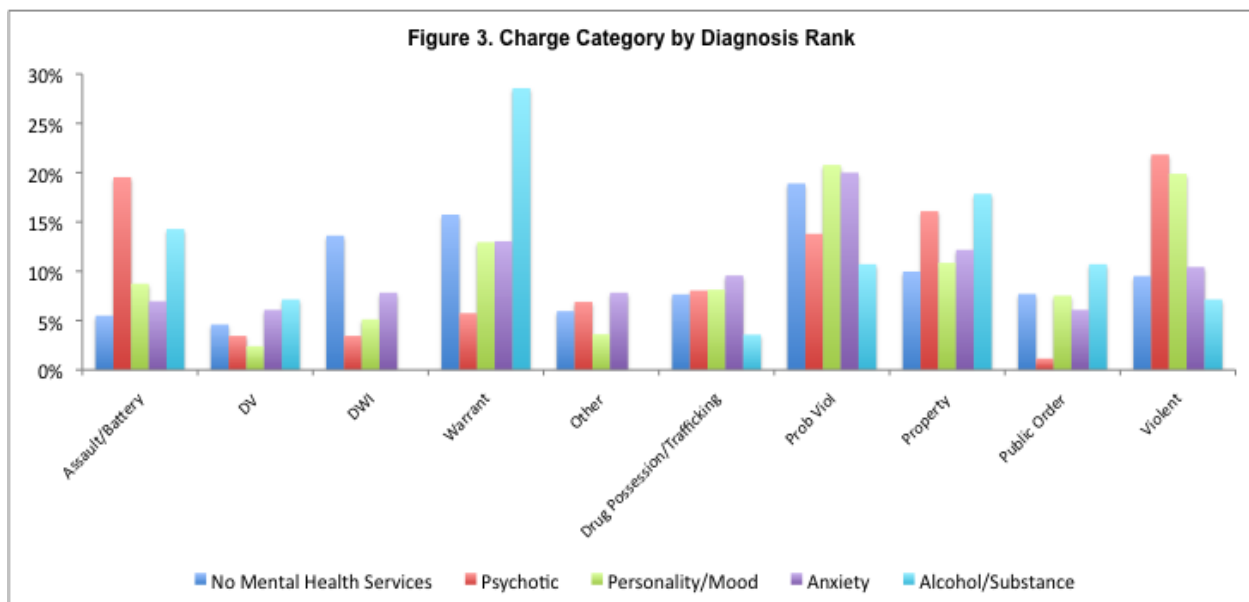
Arrestees with a psychotic diagnosis had the longest median length of stay (290 days), followed by arrestees with an anxiety diagnosis (178 days) and personality/mood diagnosis (173 days). This comparison does not control for the influence of other variables on an arrestee's length of stay.

To measure the independent effect of receiving mental health services on length of stay, a group of arrestees who were similar in terms of their offense, age, and gender but varied on whether or not they received mental health services was constructed with propensity scores and the genetic matching procedure. By using a comparison group of similar arrestees, essentially the independent effects of diagnosis, offense severity, age,

and gender can be measured. This allows us to look at the independent effect of each variable on length of stay in a similar group.

Initially, we used the matched group in a regression model using mental health diagnosis, having received mental health services as the main independent variable. When all other variables are held constant, receiving mental health services increased arrestees' stay in jail by 36 days.

To further parse out the effect of having received services, a second matched regression model was created that used the specific mental health diagnoses as the main independent variables. Table 1 contains the results of this model. Psychotic was the only diagnosis that was statistically significant in the second regression model. Having a psychotic diagnosis resulted in a stay 121 days longer than an arrestee



without a psychotic diagnosis when all other variables are held constant. Other variables; type of charge and having a competency or a diagnostic evaluation, had a larger impact on length of stay. Being charged with a violent felony had the largest impact which resulted in a stay of 286 days longer compared to arrestees not charged with a violent charge when all other variables are held constant.

Table 1. Matched Regressions Models of Total Length of Stay for Counties with Mental Health Data Available – Diagnosis Categories as the Main Independent Variables

	Estimate	Significance
Psychotic Diagnosis	121.2	***
Personality/Mood Diagnosis	19.2	
Anxiety	27.3	
Age	2.4	***
Female	-71.8	***
Bernalillo	72.2	***
Competency/DE	162.6	***
Drugs/DWI	96.0	***
Assault/Battery	121.9	***
Property	124.9	***
Violent	286.4	***
Prob/Parole	42.0	*
Other Felony	149.0	***
Adj R-Sq	14.19	
F-Statistic	31.25	
n	2,379	
Note: *** < 0.001; ** < 0.01; * < 0.05.		

Conclusion

While having a psychotic diagnosis increases length of stay (121 days), the primary driver of length of stay is charge category, with arrestees charged with a Violent charge spending 286 more days when all others variables are held constant.

The New Mexico Sentencing Commission

The New Mexico Sentencing Commission (NMSC) serves as a criminal and juvenile justice policy resource to the three branches of state government and interested citizens. Its mission is to provide impartial information, analysis, recommendations, and assistance from a coordinated cross-agency perspective with an emphasis on maintaining public safety and making the best use of our criminal and juvenile justice resources. The Commission is made up of members of the criminal justice system, including members of the Executive and Judicial branches, representatives of lawmakers, law enforcement officials, criminal defense attorneys, and citizens.

This and other NMSC reports can be found at: <http://nmsc.unm.edu/reports/index.html>