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**Transinstitutionalization in the Human Service Sector:
An Examination of Female Population Movement
Between Mental Health and Correctional Institutions**

Prepared By:

**Linda K. Holt
Massachusetts Department of Correction**

**Sara A. Mattes
Tufts University**

**Massachusetts Department of Correction
Michael V. Fair
Commissioner**

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Abstract

Correction officials have asserted that changes in the mental health system was associated with an increase in the number of mentally ill offenders being placed within the correctional system, a process that is referred to as transinstitutionalization. The purpose of the present study is to examine this assertion by considering the mental health placement history of a population of incarcerated adult women for the years 1970, 1975 and 1980.

Results of the empirical analysis indicate that a substantial proportion of women entering the correctional system have prior in-patient placements in public mental health facilities. While there are significant differences in the proportion of women entering the correctional system with a history of placements in the mental health system in the three study years, these differences are not in the direction predicted by the original charge. The proportion of women with prior in-patient placements declined from 39% in 1970, to 19% in 1975, and to 22% in 1980.

The empirical analysis also indicates that those women with prior placements in the mental health system often have prior placements in the correctional system, that women with a history of placement in the mental health system have criminal records that are similar to offenders with no history of prior mental health placements, and that the pattern of prior placements in the mental health system is also linked to two changes in the criminal justice system that occurred during the study period (the decriminalization of the offense of drunkenness and the centralization of the correctional system for female offenders in the state of Massachusetts).

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Introduction

Correction officials in the United States have asserted that changes in the mental health system have led to an increase in the number of mentally ill offenders being placed within the correctional system. The lack of available space in mental health facilities, tighter admissions criteria, and speedier release policies may lead to relabelling some individual behavior as criminal rather than symptomatic of mental illness, and to channelling some cases through the criminal justice system rather than the mental health system. The purpose of the present study is to examine this assertion by considering client movement between mental health and correctional institutions among a population of incarcerated adult women from 1970 to 1980. Central to this analysis are three concepts: institutionalization, deinstitutionalization, and transinstitutionalization.

Institutionalization, the placement of individuals in secure facilities for the purpose of treatment or detention, is a well established method of dealing with social deviance. Because the involuntary placement of individuals in an institutional setting may involve the use of force, only the state can legitimately place someone in such a setting. The mental health and corrections systems have traditionally been used as institutional placements for socially deviant individuals.

This paper is based on a thesis submitted to Tufts University in partial fulfillment of the requirements for the degree of master of Arts in Sociology and Urban and Environmental Policy.

Policies and practices regarding the use of institutionalization may change over time. The use of institutionalization may increase or decrease. The decreased use of institutionalization is what is meant by the concept of deinstitutionalization. Deinstitutionalization can be achieved in a number of ways which include: the depopulation of institutional settings by restricting admissions to secure institutions, shortening the length of stay in secure institutions, and developing alternative non-institutional settings for client placement.

Another type of change involves the jurisdictional reassignment of social deviants, particularly transfers of jurisdiction from the mental health to the correctional system or vice versa. This movement may be intentional. For example, statutory change may reclassify certain types of behavior as falling within the jurisdiction of either the correctional or mental health system. This movement may also be unintentional, an unanticipated consequence of change in policy or practice. The movement of client populations between institutional settings and jurisdictions we call transinstitutionalization. The present analysis is based on the premise that changes in the use of institutions can take either of these two forms (deinstitutionalization or transinstitutionalization) or some combination of both.

The discrete empirical problem to be addressed involves the previously mentioned changes in patterns of client movement between mental health and corrections among a population of adult women. The analysis will be limited to the State of Massachusetts for a period of ten years (1970 to 1980), which was a period of rapid change in the use of institutions in both the mental health and correctional sectors.

Methodology

This study considered a sample of women entering the correctional system at three points in time: 1970, 1975 and 1980. Their history of institutional placements in the mental health and correctional systems was considered. The analysis focused on changes in their institutional placement history and a number of other variables in an attempt to explain any changes noted. This section will describe the research design, sampling procedure and data collection process.

Research Design

The design of the study is a quasi-experimental time series design. A quasi-experimental design is a practical adaptation of a more classic experimental design and is often used in policy analysis where true experimental designs would be impractical. This approach is generally used to measure the impact of variations in the independent variable, in this case deinstitutionalization in the mental health system, on the dependent variable, in this case the presence of a population of offenders in the correctional system with a history of mental health placements. In a time series design, information about the dependent variable is gathered at several points in time over which the independent variable is known to have changed. Any changes in the dependent variable can then be ascribed to the effect of the independent variable or to other historical factors that were in operation at the time the measurements were taken. For this reason, a number of factors must be considered in an attempt to control for the effect of historical change during the time period under study. While it will never be possible to assert that deinstitutionalization caused any changes in the movement of client population, a

number of alternative explanations can be explored and refuted in this way.

The years 1970, 1975 and 1980 span a decade in which there were many changes in the correctional system for women in Massachusetts. In 1970, the system was characterized by a relatively large female inmate population placed in state and county correctional facilities and included a large number of offenders committed for drunkenness and a relatively large proportion of older women. In 1970, 351 women were committed to a correctional facility in Massachusetts. Of these women, 43 percent (N=152) were committed for drunkenness, 38 percent (N=134) were committed to MCI-Framingham, the state facility for women, and 37 percent (N=130) were 40 years of age or older.

In 1975 fewer females were committed to the correctional system, public drunkenness had been decriminalized, and MCI-Framingham housed both male and female prisoners. In 1975 there were 233 women committed to correctional facilities in Massachusetts. Of these women, 52 percent (N=122) were committed to MCI-Framingham, none were committed for drunkenness, and 3 percent (N=8) were 40 years of age or older.

By 1980 the overall correctional system was beginning to deal with the problem of a rapidly increasing correctional population. The female inmate population was large and concentrated in the state's correctional system. In 1980 there were 362 women committed to correctional facilities in Massachusetts, of whom 65 percent (N=236) were committed to MCI-Framingham and 8 percent (N=29) were 40 years of age or older.

The choice of the years 1970, 1975 and 1980 will allow for an exploration of transinstitutionalization under conditions of change in both the mental health and correctional systems. A number of control factors need to be introduced in the attempt to isolate the effects of mental health deinstitutionalization from other changes in the correctional system that may have affected this process. The

research will control for offense, type of sentence, court from which committed and age of subject.

The prior mental health and correctional placement history of the sample was collected, as was a number of indicators of their criminal history. This made it possible to determine the initial institutional contact of the individuals and to consider changes in the level of prior criminal involvement of those women subsequently seen as moving from the mental health to the correctional system. Much existing research points to the possibility that the criminal history of the mental health population has changed, such that individuals being admitted to the mental health system are increasingly likely to have a history of involvement in the criminal justice system. Thus, subsequent involvement in the correctional system should be more properly attributed to criminal history than to mental health placements.

Sample

The study population consisted of all women committed to the Massachusetts Department of Correction during calendar years 1970, 1975 and 1980 (N=450). Women were included in the sample only once. If they were committed to the Department of Correction more than once during a single year, or were committed in two or more study years, they were considered to be a single case. Their first incarceration during any of the study periods was considered their base period of incarceration.

To the extent possible, the research design spans a period of time that covers a variety of changes in the practices of institutionalization in both mental health and criminal justice fields. This study also simulates a pre- and post-deinstitutionalization design. There is no clear date that can be associated with

the beginning of the effort to deinstitutionalize in either the mental health or criminal justice systems. However, the years 1970, 1975 and 1980 are useful as marking progress in the process.

Deinstitutionalization in the mental health system means the reduction of the in-patient census of state institutions by two mechanisms: 1) removing patients from those facilities to community placements; and, 2) restricting or preventing admissions to in-patient units in those facilities. The year 1955 is sometimes cited as the beginning of deinstitutionalization in Massachusetts. This year marked the peak of the in-patient census which declined every year thereafter. In 1971 legislation was passed which changed the criteria for commitment to mental health facilities. Table 1 shows changes in the population of Massachusetts state hospitals. Prior to 1970, deinstitutionalization was marked by a gradual reduction of the in-patient census. Following 1970, the rate of deinstitutionalization (measured by net reduction in in-patient census) was greatly increased. Table 2 shows the number of admissions to state hospitals and other mental health facilities from 1955 to 1982. It is only after 1970 that the number of admissions declined. Thus, between 1970 and 1975 there were several significant strides toward deinstitutionalization in mental health, although the movement started several years earlier.

From 1970 to 1975 two changes also occurred that affected institutionalization practices in the correctional system. First, drunkenness was decriminalized in 1972 in Massachusetts. Prior to this a large proportion of male and female admissions to correctional facilities were for the offense of drunkenness. Second, in 1972 the Correctional Reform Act was passed which enabled the Department of Correction to establish a number of community-based programs for offenders. Thus, choosing 1970 and 1975 as sample years permits an analysis of the effect of deinstitutionalization in both the mental health and

correctional systems on the movement of populations between the two agencies.

Table 1

Changes in State Hospital Population, 1954 to 1983

Year	In-Patient Census	Absolute Change From Previous Year	Percent Change From Previous Year
1954	22380		
1955	22300	80	-0
1956	21947	353	-2
1957	21629	318	-1
1958	21492	137	-1
1959	20762	730	-3
1960	20258	504	-2
1961	19326	932	-5
1962	18854	472	-2
1963	18102	746	-4
1964	17249	859	-5
1965	16669	580	-3
1966	15909	760	-4
1967	15163	746	-5
1968	14605	558	-4
1969	13879	726	-5
1970	12571	1308	-9
1971	11177	1394	-11
1972	9771	1406	-12
1973	8139	1632	-17
1974	6390	1749	-21
1975	5366	1024	-16
1976	4079	1287	-24
1977	3692	387	-9
1978	3328	364	-10
1979	2663	665	-20
1980	2213	450	-17
1981	2062	151	-7
1982	1951	111	-5
1983	2016	65	+3

Source: Massachusetts Department of Mental Health, 1954-1983.

Table 2

Admissions to In-Patient Status in Mass.
Mental Health Facilities, 1955 to 1982

Year	Mental Health Centers	State Hospitals	Total
1955	841	7912	8753
1956	850	7673	8523
1957	783	8188	8971
1958	788	9057	9845
1959	699	9899	10598
1960	638	10423	11061
1961	653	10516	11169
1962	685	10953	11638
1963	740	11566	12306
1964	898	11421	12319
1965	801	11774	12575
1966	775	11551	12326
1967	733	12746	13479
1968	1144	12977	14121
1969	1217	13586	14803
1970	1376	12738	14114
1971	1648	12589	14237
1972	1950	11763	13713
1973	2294	9600	11894
1974	2270	8515	10785
1975	2465	8631	11096
1976	2177	7913	10090
1977	----	----	----
1978	----	----	----
1979	3188	6783	9971
1980	3453	5873	9326
1981	3396	6333	9729
1982	3883	6392	10275

Source: Massachusetts Department of Mental Health, 1955 to 1982.

The inclusion of 1980 as a sample point will enable a longer range analysis of some of these programs as well as a recent point of sampling. It has been suggested that the relationship between the criminal justice and mental health systems may have changed around 1980, because of decreases in funding for mental health programs and a severely over-crowded housing market that pushed many people into the streets from permanent residences in the community. Thus, while the major decrease of in-patient mental health placements may have occurred much earlier, the impact of deinstitutionalization on the correctional system may be recent.

Data Collection

Data collection for each subject in the sample was accomplished with the use of Department of Correction and Department of Mental Health records. In this section the data collection process at each agency will be described.

Subjects for the sample were identified through the use of DOC institutional admission forms prepared for calendar years 1970, 1975 and 1980. Subject folders located in the Central Records Division were used for the remaining data collection. In a limited number of cases it was necessary to use institutional folders because the information was not available in the Central Records Division. When data collection for all subjects was complete, three data elements (subject name, aliases and date of birth) were transferred to the Departmental of Mental Health data collection instrument for further data collection.

Unlike the Department of Correction where records are maintained in a central location, Department of Mental Health inpatient records are maintained at the site of each patient's most recent placement. Data collection from the Department of Mental Health was facilitated by the stratification of the sample

population by possible sites of inpatient placements, determined by the subject's last address and year of commitment to the Department of Correction.

Not every case was checked at every inpatient facility. Rather, every case was matched with possible mental health placement sites by mental health catchment area and year of commitment. For each subject, her last civilian address and year of commitment were used in order to determine the institutions at which her mental health placement history should be searched. The address identified the mental health catchment area that would serve each subject. Each subject was checked only at the institutions within that catchment area. A separate data collection instrument was prepared for each facility at which mental health history was searched. Subjects whose last known civilian address was not in Massachusetts were deleted from the sample (N=8) so that the number of cases available for analysis was 442. If there was an indication of prior mental health placements from the Department of Correction records, that case was also searched for at the indicated institution(s). In most cases this was congruent with the search procedure based on geographic origin.

Further stratification was based on the year that the person was committed to the Department of Correction. Since the interest of the present study is in mental health placements that occurred prior to the base year of correctional incarceration, and some mental health facilities opened after the period of incarceration, the data collection could be further limited by deleting those mental health facilities opened after the base period of incarceration for the subject. Table 3 shows how the stratification and limitations were made.

Information collected from the Department of Mental Health included name of institution, date of admission and date of release for each institutional placement. This information was used to determine the sequence of institutional placements in the mental health and correctional systems as well as length of time

institutionalized and length of time between periods of institutionalization.

Some of the mental health facilities maintained master card indexes of admissions to their facilities that did not cover their entire period of operation. For example, Taunton State Hospital maintained records from 1941 to the present, and Northampton State Hospital maintained records for 1948 to the present. In most cases earlier records were kept in logbooks. Because of incomplete coverage of the earlier years of some facilities, any admission before 1950 was not counted in the analysis. Thus mental health placements cover only the period from 1950 to the present, or from the date that the facility opened until the present in those cases where the facility opened after 1950.

Only in-patient placements were selected for inclusion in the study. Many of the institutions maintained out-patient services and records of admissions and discharges to out-patient services. This information was not collected and is not available for analysis.

Data were collected in such a manner that only the time that a person actually spent in their mental health facility was counted towards their mental health placement history. In many cases a subject would be admitted to a mental health facility, released to the community and later discharged from supervision by DMH. In this analysis only that time between admission and release to the community is counted as time in a mental health facility. If a subject was admitted and released several times before discharge, as would often be the case with individuals absconding from the facilities, this would be counted as multiple admissions. Only that time between admission and release to the street is counted as time in a mental health facility.

Only placements prior to the date of commitment to the DOC were selected for analysis. Because date of commitment was not known at the time of data collection, some post-commitment mental health placement information was

collected on subjects, but was not included in the analysis.

Table 3

Data Collection Activity by
Mental Health Facility and Study Year

Facility and Region	Sample Year			Year Open	Year Closed	Record Location
	1970	1975	1980			
Region 1						
Northampton	x	x	x	1858	----	On Site
Region 2						
Gardner	x	x	x	1906	1976	Worcester
Grafton	x	x	x	1877	1977	Galvin
Rutland Heights	-	-	x	1976	1980	Worcester
Worcester	x	x	x	1832	----	On Site
Region 3						
Danvers	x	x	x	1878	----	On Site
H. C. Solomon	x	x	x	1965	----	On Site
Region 4						
Foxboro	x	x	x	1893	1975	Taunton
Medfield	x	x	x	1896	----	On Site
Metropolitan	x	x	x	1933	----	On Site
Westboro	x	x	x	1886	----	On Site
Region 5						
J. C. Corrigan	x	x	x	1968	----	On Site
Pocasset	-	-	x	1976	----	On Site
Taunton	x	x	x	1854	----	On Site
Region 6						
Boston	x	x	x	1839	----	On Site
Dorchester	-	-	x	1979	----	On Site
Lindemann	-	x	x	1972	----	On Site
Mass. M.H.C.	x	x	x	1921	----	On Site
S. C. Fuller	-	-	x	1976	----	On Site
West Roxbury Park	-	-	x	1977	----	On Site

Source: Massachusetts Department of Mental Health

Findings

A discussion of the results of the analysis follows. The first section begins with an examination of the aggregate movement of women between the mental health and correctional systems. Following this, two indicators of historical factors that changed during the period of our study are considered: the decriminalization of drunkenness and the reorganization of the correctional system for women in Massachusetts. Because of the nature of the study design, it is necessary to introduce controls for historical incidents such as these.

The third section considers the relationship between the changing age structure of the study sample and institutional placement history. It is necessary to discuss the relationship between age and institutionalization because the two are generally positively related, in that older individuals have a greater chance of having had at least one period of previous institutionalization.

The fourth section considers a number of indicators of criminal history in order to determine if there is any change in the criminal history of women offenders with a history of mental health placements relative to other offenders over the period of the study. Much existing research indicates that movement between the two systems may be increasingly taking place among those who have a history of prior involvement in the criminal justice system, indicating the difficulty in establishing the initial system involvement for these individuals. Thus it will be useful to examine changing patterns of criminal involvement prior to incarceration in each study year.

The fifth section considers some further elements of the present period of incarceration to determine if offenders with a history of placements in the mental health system have any apparent differences in their correctional experiences, than

offenders with no history of mental health placements.

The final section considers a set of variables that describe the mental health placement histories of those female offenders who have at least one prior admission to a mental health facility. The purpose of this section is to describe, for those women with prior placements, the extent of involvement in the mental health system and to determine if there were any changes in level of involvement over the study period.

Mental Health Placement History

The hypothesis to be tested is:

The number and proportion of women admitted to the Department of Correction with a history of prior in-patient placements in the public mental health system increased over the study period, 1970, 1975 and 1980.

As shown in Table 4, there were 115 individuals with prior in-patient placements in the mental health system and 327 with no history of in-patient placements. The number of women admitted to the Department of Correction with a history of mental health placements decreased from 49 in 1970 to 22 in 1975 and increased to 44 in 1980. This first analysis indicates no overall change in the number of women with prior placements in the mental health system admitted between 1970 and 1980. A decline in the number of women admitted to the Department of Correction with previous mental health placements was noted between 1970 and 1975, followed by an increase in the number of women admitted between 1975 and 1980, so that the number of women admitted to the Department of Correction with prior mental health placements was almost the same at the end of the decade as at the beginning.

Twenty-six percent of the subjects in the total sample had a history of in-patient placements in the mental health system. The proportion of women admitted with prior mental health placements declined from 39 percent in 1970 to 19 percent in 1975 and 22 percent in 1980. Thus, there was a significant overall decline between 1970 and 1975 in the proportion of women admitted with prior mental health placements. While the proportion increased between 1975 and 1980, the increase is small and there remains a decline between 1970 and 1980.

The number of women admitted to the correctional system with prior mental health placements was similar at the beginning and end of the study period, and there was a decline in the proportion of women admitted with a history of prior mental health placements. Thus, there is no support for the hypothesis that either the number or proportion of women admitted to the correctional system with a history of prior mental health placements increased during the study period.

Table 4

Mental Health Placement History

Number of Mental Health Placements	1970		1975		1980	
	N	%	N	%	N	%
No Placements	76	(61)	94	(81)	157	(78)
One or More	49	(39)	22	(19)	44	(22)
Total	125	(100)	116	(100)	201	(100)

Chi-square=16.1 with 2 degrees of freedom, p=.0003.

The Effect of Historical Changes

The initial finding of lack of support for the hypothesis needs to be further examined for the effect of historical changes on the movement of women between the mental health and correctional systems during the study period. The principal variables to be controlled for are: the change in policy regarding the offense of drunkenness and changes in correctional practices regarding the placement of women receiving county sentences.

The Decriminalization of Drunkenness. The change in policy and subsequent decriminalization regarding drunkenness had a significant impact on the correctional population. As shown in Table 5, in 1970 this single offense represented 37 percent of the sample population; in the latter two sample years no one was incarcerated for this offense. The relationship between drunkenness and the presence of a history of mental health placements is dramatic. Fifty-nine percent of those committed for drunkenness also had a history of placements in the mental health system. Of the 49 women admitted in 1970 with a history of mental placements, 55 percent (N=27) had a present offense of drunkenness.

When controls are included for offenders committed for drunkenness, the proportion of women with prior mental health placements remains relatively constant over the decade, 28 percent in 1970, 19 percent in 1975 and 22 percent in 1980. The number of women with prior mental health placements increased from 22 in 1970 and 1975 to 44 in 1980.

Therefore, when a control for present offense is introduced, there is a pattern of consistent proportions and increases in the number of women moving from the mental health to the correctional system. It is important to consider both total numbers and proportions throughout the analysis. The correctional system

must deal with individual cases. Thus, it is noteworthy that after controlling for present offense, there are twice as many cases of women with prior mental health placements in 1980 as there were in 1970 and 1975. In addition, the proportion remained constant due to the overall increase in the system during the same period.

Table 5

Mental Health Placement History
by Present Offense

Present Offense and Mental Health Placement History	1970		1975		1980	
	N	%	N	%	N	%
Present Offense: Drunkenness						
No Placements	19	(41)				
One or More	27	(59)				
Total	46	(100)				
Present Offenses: Other Offenses						
No Placements	57	(72)	94	(81)	157	(78)
One or More	22	(28)	22	(19)	44	(22)
Total	79	(100)	116	(100)	201	(100)

Chi-square=2.2 with 2 degrees of freedom, p=.34.

Reorganization of the Correctional System for Women. The correctional system for women in Massachusetts was substantially reorganized during the time period under study. Most noticeably, as several county correctional facilities for women closed, women being committed to correctional facilities were increasingly sent to Framingham. In 1970, 38 percent of all women committed to correctional facilities were sent to MCI-Framingham; in 1975, 55 percent were committed to MCI-Framingham; and in 1980, 65 percent were committed to MCI-Framingham. The relation between this change and the movement of women between the mental health and correctional system will be considered by looking at sentence and court from which committed.

During the study period there was an increase in the number and proportion of women committed with county sentences (sentences of less than two and one-half years) and a decrease in the number and proportion of women committed with state sentences (sentences of two and one-half years or more). As shown in Table 6, the mental health placement history of women in both sentence type groups changed similarly to the overall offender population.

For women with state sentences, the proportion with prior mental health placements increased from 24 percent in 1970 (N=16) to 31 percent in 1980 (N=9). These changes are not statistically significant.

For women with county sentences and whose present offense was not drunkenness, the proportion with prior mental health placements decreased from 46 percent in 1970 (N=6), to 17 percent in 1975 (N=11), and to 20 percent in 1980 (N=35). These differences are also not statistically significant.

Considering sentence and present offense simultaneously, there is a marked change in the characteristics of offenders with a history of mental health placements over the study period. In 1970, it was women serving county sentences

for drunkenness; in 1975, it was divided between women serving state and county sentences; and in 1980 it was women serving county sentences.

Table 6

Mental Health Placement History
by Sentence and Present Offense

Sentence, Present Offense and Mental Health Placement History	1970		1975		1980	
	N	%	N	%	N	%

County Sentence and Present Offense Drunkenness

No M.H. Placements	19	(41)
One or More Placements	27	(59)
Total	46	(100)

County Sentence and Present Offense Not Drunkenness

No M.H. Placements	7	(54)	54	(83)	137	(80)
One or More Placements	6	(46)	11	(17)	35	(20)
Total	13	(100)	65	(100)	172	(100)

Chi-square=5.7 with 2 degrees of freedom, p=.06.

State Sentence and Present Offense Not Drunkenness

No M.H. Placements	50	(76)	40	(78)	20	(69)
One or More Placements	16	(24)	11	(22)	9	(31)
Total	66	(100)	51	(100)	29	(100)

Chi-square=0.9 with 2 degrees of freedom, p=.64

The county court from which a woman was committed is also a useful indicator of the reorganization of the correctional system for women. It is necessary to control for the county court system from which women were committed, since the placement options available to judges changed over the study period. As county facilities for women were closed, judges used DOC facilities rather than local facilities for the incarceration of female offenders.

As shown in Table 7, after controlling for county court of commitment, there were no statistically significant differences found in the distribution of women with histories of mental health placements. For example, in 1980 the proportion of females committed with a history of mental health placements is highest for Worcester county (39 percent). The number of commitments from Worcester county is low in 1970 and 1975 and points to the need for a comprehensive analysis of female offenders (state and county) for those regions of the state where change was most marked.

Table 7

Mental Health Placement History
of Women Committed for Offenses
Other Than Drunkenness by
County From Which Committed

County of Court and Mental Health Placement History	1970		1975		1980	
	N	%	N	%	N	%
Middlesex County						
No M.H. Placements	7	(70)	14	(82)	41	(85)
One or More Placements	3	(30)	3	(18)	7	(15)
Total	10	(100)	17	(100)	48	(100)
Chi-square=1.37 with 2 degrees of freedom, p=.50						
Suffolk County						
No M.H. Placements	35	(76)	52	(82)	62	(85)
One or More Placements	11	(24)	11	(18)	11	(15)
Total	46	(100)	63	(100)	73	(100)
Chi-square=1.52 with 2 degrees of freedom, p=.47						
Worcester County						
No M.H. Placements	1	(25)	5	(83)	28	(61)
One or More Placements	3	(75)	1	(17)	18	(39)
Total	4	(100)	6	(100)	46	(100)
Chi-square=3.42 with 2 degrees of freedom, p=.18						
Other Massachusetts						
No M.H. Placements	14	(74)	23	(77)	26	(76)
One or More Placements	5	(26)	7	(23)	8	(24)
Total	19	(100)	30	(100)	34	(100)
Chi-square=0.07 with 2 degrees of freedom, p=.97						

Criminal History and Mental Health History

Prior research has demonstrated the presence of increased criminal activity among patient samples, suggesting that offender samples might show increased criminal activity among those with a history of mental health placements. Of particular interest is to determine if women with prior mental health placements have relatively limited involvement in the criminal justice system and can be considered pure cases of movement between mental health and corrections, or alternatively, if their history of involvement in the criminal justice system is extensive and can be considered cases that fall into the boundaries of the two agencies. The criminal history of individuals with prior mental health placements was compared with other offenders over the three sample years in order to determine if any patterns emerge. The criminal history of individuals with prior mental health placements was also compared over the three study years to see if any changes in criminal history was observed.

Prior Placements in Correctional Facilities. The institutional placement history of women in the correctional and mental health systems were considered simultaneously. Subjects were divided into four groups: (1) prior placements in mental health facilities only; (2) prior placements in correctional facilities only; (3) prior placements in mental health and correctional facilities; and, (4) no prior institutional placements. If transinstitutionalization, as proposed in the hypothesis, was occurring in a fairly direct form, increases in the first group would be expected.

As shown in Table 9, women committed for drunkenness had a high rate of prior institutionalization. Almost 90 percent of this group had a prior placement in mental health or corrections; 39 percent had prior placements in both systems.

After controlling for the offense of drunkenness, no significant differences were found in the prior placement history of women committed in the three sample years. In each year about half of the sample were experiencing their first placement of any type, and one-quarter had prior correctional placements only. The third largest group had prior mental health placements only, and the smallest group had prior correctional and mental health placements. Over the study period there were increases in the number of women with prior mental health placements only, from 13 in 1970, to 18 in 1975, and to 26 in 1980; there were similar increases in the number of women with prior placements in both systems, from 9 in 1970, to 4 in 1975, and to 18 in 1980. There was no change in the proportion of women in each institutional placement history category. Thus, there is no evidence from prior institutional placement history of a shift of women with prior mental health placements toward the more extensive involvement with the correctional system.

Criminal History Indicators. Those individuals in the sample with a history of placements in the mental health system were compared with other offenders on eight different indicators of criminal history: total court appearances, charges for person offenses, charges for property offenses, charges for narcotics offenses, charges for alcohol offenses, charges for escape offenses, age at first court appearance and length of involvement in the criminal justice system. These comparisons are shown in Tables 11 through 14. Only one significant difference was found between offenders with a history of mental health placements and others on any of the eight criminal history indicators for any of the three sample years.

For the 1970 cohort, among women admitted to correctional institutions for offenses other than drunkenness, women with prior mental health placements had more prior alcohol offenses than offenders with no mental health placements. This perhaps indicates that while not presently incarcerated for drunkenness, they had a

Table 10

Prior Placements in Mental Health and
Correctional Facilities by Present Offense

Institutional Placement History and Present Offense	1970		1975		1980	
	N	%	N	%	N	%
<u>Present Offense: Drunkenness</u>						
Mental Health Only	9	(20)				
M.H. and DOC	18	(39)				
DOC only	14	(30)				
First Placement	5	(11)				
Total	46	(100)				
<u>Present Offense: Other Offenses</u>						
Mental Health Only	13	(16)	18	(16)	26	(13)
M.H. and DOC	9	(11)	4	(3)	18	(9)
DOC only	19	(24)	23	(20)	46	(23)
First Placement	38	(48)	71	(61)	111	(55)
Total	79	(100)	116	(100)	201	(100)

Chi-square=7.0 with 6 degrees of freedom, p=.32.

history of such offenses.

This analysis indicates that offenders with a history of mental health placements had a history of involvement with the criminal justice system that was similar to offenders with no history of mental health placements. While one might expect these individuals to have less involvement in the criminal justice system than other offenders, this was not the case.

Offenders with a history of mental health placements were considered separately to determine if there was any change over time in their involvement in the criminal justice system. These comparisons are shown in Table 15. Offenders committed for drunkenness were excluded from the analysis. There were no differences found on any of the eight indicators of criminal history available. For every variable except age at first court appearance, the 1980 cohort tended to have a more extensive involvement than the 1970 or 1975 cohort, but these differences were not statistically significant.

In summary, these findings do not support other research showing more extensive involvement in the criminal justice system for those individuals moving between mental health and corrections in recent years.

Table 11

Criminal History and Mental Health Placement History,
1970 Commitments for Drunkenness

Criminal History and Mental Health Placements	N	Mean	Standard Deviation	t	p
Court Appearances					
No M.H. Placements	18	28.8	(20.1)		
One or More Placements	25	34.0	(31.4)	-0.61	.54
Charges for Person Offenses					
No M.H. Placements	18	0.4	(1.0)		
One or More Placements	25	1.1	(4.2)	-0.73	.47
Charges for Property Offenses					
No M.H. Placements	18	0.7	(1.9)		
One or More Placements	25	0.6	(1.3)	.017	.86
Charges for Narcotics Offenses					
No M.H. Placements	18	0.0	(0.0)		
One or More Placements	25	0.0	(0.0)	0.00	1.00
Charges for Alcohol Offenses					
No M.H. Placements	18	29.7	(25.4)		
One or More Placements	25	27.5	(26.2)	0.27	.79
Charges for Escape Offenses					
No M.H. Placements	18	0.1	(0.2)		
One or More Placements	25	0.1	(0.4)	-0.25	.80
Age at First Court Appearance					
No M.H. Placements	18	29.4	(10.9)		
One or More Placements	25	31.2	(10.8)	-0.53	.60
Length of Involvement in the Criminal Justice System					
No M.H. Placements	18	16.1	(8.8)		
One or More Placements	25	15.3	(9.3)	0.64	.53

Table 12

**Criminal History and Mental Health Placement History,
1970 Commitments for Offenses Other than Drunkenness**

Criminal History and Mental Health Placements	N	Mean	Standard Deviation	t	p
Court Appearances					
No M.H. Placements	54	10.6	(10.7)		
One or More Placements	22	10.1	(9.4)	0.19	.85
Charges for Person Offenses					
No M.H. Placements	54	1.1	(1.5)		
One or More Placements	22	1.5	(2.2)	-0.94	.36
Charges for Property Offenses					
No M.H. Placements	54	3.6	(8.1)		
One or More Placements	22	3.7	(6.1)	-0.04	.97
Charges for Narcotics Offenses					
No M.H. Placements	54	1.9	(3.5)		
One or More Placements	22	1.2	(3.3)	0.83	.41
Charges for Alcohol Offenses					
No M.H. Placements	54	0.3	(0.9)		
One or More Placements	22	1.7	(2.6)	-2.45	.02
Charges for Escape Offenses					
No M.H. Placements	54	0.0	(0.2)		
One or More Placements	22	0.3	(1.5)	-0.88	.39
Age at First Court Appearance					
No M.H. Placements	54	19.5	(7.9)		
One or More Placements	22	23.0	(9.1)	-1.67	.10
Length of Involvement in the Criminal Justice System					
No M.H. Placements	54	6.2	(7.7)		
One or More Placements	22	6.5	(6.7)	-0.13	.89

Table 13

Criminal History and Mental Health Placement History
1975 Commitments

Criminal History and Mental Health Placements	Number	Mean	Standard Deviation	t	p
Court Appearances					
No M.H. Placements	81	11.6	(9.4)		
One or More Placements	22	11.1	(9.2)	0.21	.83
Charges for Person Offenses					
No M.H. Placements	81	2.0	(3.6)		
One or More Placements	22	1.3	(2.0)	1.21	.23
Charges for Property Offenses					
No M.H. Placements	81	5.2	(8.8)		
One or More Placements	22	4.7	(5.7)	0.29	.78
Charges for Narcotics Offenses					
No M.H. Placements	81	1.8	(2.8)		
One or More Placements	22	1.9	(3.2)	-0.11	.92
Charges for Alcohol Offenses					
No M.H. Placements	81	0.3	(0.7)		
One or More Placements	22	0.6	(1.7)	-0.89	.38
Charges for Escape Offenses					
No M.H. Placements	81	0.1	(0.3)		
One or More Placements	22	0.0	(0.0)	1.00	.32
Age at First Court Appearance					
No M.H. Placements	81	19.3	(5.2)		
One or More Placements	22	20.2	(6.0)	-0.64	.52
Length of Involvement in the Criminal Justice System					
No M.H. Placements	81	4.5	(4.0)		
One or More Placements	22	5.3	(5.0)	-0.74	.46

Table 14

Criminal History and Mental Health Placement History
1980 Commitments

Criminal History and Mental Health Placements	Number	Mean	Standard Deviation	t	p
Court Appearances					
No M.H. Placements	97	11.2	(11.4)		
One or More Placements	35	18.8	(23.9)	-1.82	.08
Charges for Person Offenses					
No M.H. Placements	99	1.7	(3.0)		
One or More Placements	35	1.9	(2.0)	-0.43	.67
Charges for Property Offenses					
No M.H. Placements	102	7.1	(8.7)		
One or More Placements	35	9.9	(17.9)	-0.87	.39
Charges for Narcotics Offenses					
No M.H. Placements	100	1.2	(2.6)		
One or More Placements	35	2.0	(3.6)	-1.18	.24
Charges for Alcohol Offenses					
No M.H. Placements	100	0.3	(1.4)		
One or More Placements	35	4.5	(18.2)	-1.37	.18
Charges for Escape Offenses					
No M.H. Placements	99	0.1	(0.6)		
One or More Placements	35	0.4	(1.5)	-1.22	.23
Age at First Court Appearance					
No M.H. Placements	99	19.6	(7.6)		
One or More Placements	35	21.1	(9.7)	-0.96	.34
Length of Involvement in the Criminal Justice System					
No M.H. Placements	99	6.1	(5.4)		
One or More Placements	35	7.8	(8.7)	-1.06	.29

Table 15

Criminal History of Women
with a History of
Mental Health Placements by Year of Commitment

Criminal History and Year of Admission	N	Mean	Standard Deviation	F	p
Court Appearances					
1970	22	10.1	(9.4)	2.20	.12
1975	22	11.1	(9.2)		
1980	35	18.8	(23.9)		
Charges for Person Offenses					
1970	22	1.5	(2.2)	0.61	.55
1975	22	1.3	(2.0)		
1980	35	1.9	(2.0)		
Charges for Property Offenses					
1970	22	3.7	(6.1)	1.96	.15
1975	22	4.7	(7.7)		
1980	35	9.9	(17.9)		
Charges for Narcotics Offenses					
1970	22	1.2	(3.3)	0.41	.66
1975	22	1.9	(3.2)		
1980	35	2.0	(3.6)		
Charges for Alcohol Offenses					
1970	22	1.7	(2.6)	0.78	.46
1975	22	0.6	(1.7)		
1980	35	4.5	(18.2)		
Charges for Escape Offenses					
1970	22	0.3	(1.5)	0.89	.41
1975	22	0.0	(0.0)		
1980	35	0.4	(1.5)		
Age at First Court Appearance					
1970	22	23.0	(9.1)	0.61	.54
1975	22	20.2	(6.0)		
1980	35	21.1	(9.7)		
Length of Involvement in the Criminal Justice System					
1970	22	6.5	(6.7)	0.82	.44
1975	22	5.3	(5.0)		
1980	35	7.8	(8.7)		

Present Incarceration Characteristics

There are two variables that might be indicative of differential treatment of individuals with mental health histories. These variables, relative to a subject's present incarceration (jail time credited and length of incarceration) were considered in comparing offenders with a history of mental health placements with other offenders.

Jail Time Credited. The first incarceration characteristic available for analysis is jail time credited. Having one or more days of jail time is sometimes indicative of an individual who may be considered to be a serious offender or of an individual who has fewer economic resources than others. As shown in Table 16, there were no statistically significant differences between offenders with a history of mental health placements and others in terms of a presence of jail credits applied to the present incarceration. In 1970 somewhat fewer individuals with a history of mental health placements also had jail time credited; in 1975 and 1980 that was reversed and somewhat more of the individuals with a history of mental health placements also had one or more credits of jail time. In all cases the differences were not large enough to be considered statistically significant.

Table 16

Jail Time Credited by Mental Health
Placement History and Year of Commitment

Jail Time Credited	<u>No Placements</u>		<u>One or More Placements</u>	
	N	%	N	%
<u>Year of Commitment: 1970</u>				
0 days	63	(83)	42	(86)
1 or more days	13	(17)	7	(14)
Total	76	(100)	49	(100)
Chi-square=0.0 with 1 degree of freedom, p=.86				
<u>Year of Commitment: 1975</u>				
0 days	74	(79)	14	(64)
1 or more days	20	(21)	8	(36)
Total	94	(100)	22	(100)
Chi-square=1.5 with 1 degree of freedom, p=.22				
<u>Year of Commitment: 1980</u>				
0 days	117	(75)	29	(64)
1 or more days	39	(25)	16	(36)
Total	156	(100)	45	(100)
Chi-square=1.5 with 1 degree of freedom, p=.23				

Time Served During Current Incarceration. While individuals with a history of mental health placements served longer than other offenders during the three years under study, the differences between the two groups were not large enough to be considered statistically significant. In 1970 individuals with a history of mental health placements served an average of 440 days in comparison with other offenders who served an average of 333 days. In 1975 offenders with a history of mental health placements served an average of 277 days in contrast with other offenders who served an average of 263 days. In 1980 offenders with a history of mental health placements served an average of 172 days in contrast with offenders who had no history of placements who served an average of 125 days.

Table 17

Mean Time Served by Mental Health Placement History, Present Offense and Year of Commitment

Mental Health Placement History	N	Mean Days	Standard Deviation	t	p
<u>1970 and Present Offense: Drunkenness</u>					
No M.H. Placements	19	152.3	(74.5)		
One or More Placements	27	144.0	(52.6)	0.44	.66
<u>1970 and Present Offense: Not Drunkenness</u>					
No M.H. Placements	57	333.1	(204.3)		
One or More Placements	22	440.3	(436.8)	-1.10	.28
<u>1975</u>					
No M.H. Placements	94	262.8	(310.6)		
One or More Placements	22	276.9	(217.9)	-0.20	.84
<u>1980</u>					
No M.H. Placements	155	124.8	(173.1)		
One or More Placements	42	172.2	(231.9)	-1.23	.22

Characteristics of Mental Health Placements

This section considers only those offenders with a history of placements in the mental health system. The intent of this section is to describe the extent of involvement of these women in the mental health system and to determine if there is any change in the nature of that involvement.

The number of prior admissions to mental health facilities ranged from 1 to 106. Because the case with 106 admissions was so extreme, it is often excluded from the calculation of summary statistics and will be so noted in the tables. The median number of prior admissions to mental health facilities for the total sample was 2. The mean number of prior mental health placements was 3.1 in 1970, 2.7 in 1975 and 3.2 in 1980.

There were some individuals committed to the correctional system with extensive involvement in the mental health system, but for the most part women who had a history of placements had one or two prior admissions with little change in pattern over the three study years.

The total number of days in an in-patient status prior to the present correctional placement ranged from 0 days (released same day) to 3,948 (over ten years). The median length of time in mental health facilities for the whole sample was 37 days. The mean number of days in mental health facilities changed from 153 days for the 1970 cohort, to 220 days for the 1975 cohort and 170 days for the 1980 cohort.

For the most part, individuals moving from the mental health to the correctional system had not been institutionalized for extended periods of time. Only 22 (19 percent) had been institutionalized for a total of one year or more.

The length of time between the most recent release from a mental health facility and the present incarceration was calculated. It was expected that the

shorter the time lapse between mental health and correctional placement the stronger the relationship between the two placements. The median length of time between leaving the mental health system and incarceration in the correctional system was 600 days, about one and one-half years. There were 22 individuals (19 percent) who had been incarcerated within 90 days of a release, but for the most part there does not seem to be any immediacy in movement.

The length of time between mental health and correctional placements increased over time, from 2.4 years in 1970 to 3.4 years in 1975, and to 3.2 years in 1980. In the most recent sample year, half of those with prior placements had two years between their last mental health placement and present incarceration.

Table 19

Number of Days Spent in In-Patient Status
by Present Offense
and Year of Commitment

Number of Days in In-Patient Status In Mental Health	1970		1975		1980	
	N	%	N	%	N	%
<u>Present Offense: Drunkenness</u>						
Ten Days or Less	2	(7)				
Ten Days to One Month	7	(26)				
One to Two Months	4	(15)				
Two to Three Months	4	(15)				
Three to Six Months	2	(7)				
Six Months to One Year	1	(4)				
One to Two Years	3	(11)				
Two Years or More	4	(15)				
Total	27	(100)				
<u>Present Offense: Other Offenses</u>						
Ten Days or Less	3	(14)	4	(18)	12	(27)
Ten Days to One Month	5	(23)	6	(27)	13	(30)
One to Two Months	6	(27)	1	(4)	8	(18)
Two to Three Months	2	(9)	1	(4)	4	(9)
Three to Six Months	1	(4)	2	(9)	3	(7)
Six Months to One Year	1	(4)	1	(4)	0	(0)
One to Two Years	4	(18)	5	(23)	2	(4)
Two Years or More	0	(0)	2	(9)	2	(4)
Total	22	(100)	22	(100)	44	(100)

Chi-square=14.47 with 14 degrees of freedom, p=.42

Mean	152.6	220.2	169.6
Standard Deviation	(229.4)	(395.0)	(619.8)

Note: Summary statistics include case with 106 placements.

Table 20

Time Between Last Mental Health Placement and
Present Incarceration by Present Offense and
Year of Commitment

Time Between Last Mental Health Placement and Present Incarceration	1970		1975		1980	
	N	%	N	%	N	%
<u>Present Offense: Drunkenness</u>						
Ten Days or Less	1	(4)				
Ten Days to One Month	1	(4)				
One to Two Months	2	(7)				
Two to Three Months	2	(7)				
Three to Six Months	1	(4)				
Six Months to One Year	3	(11)				
One to Two Years	6	(22)				
Two Years or More	11	(41)				
Total	27	(100)				
<u>Present Offense: Other Offenses</u>						
Ten Days or Less	1	(4)	2	(9)	3	(7)
Ten Days to One Month	0	(0)	1	(4)	1	(2)
One to Two Months	2	(9)	1	(4)	0	(0)
Two to Three Months	3	(14)	0	(0)	2	(4)
Three to Six Months	4	(18)	4	(18)	4	(9)
Six Months to One Year	3	(14)	2	(9)	6	(14)
One to Two Years	3	(14)	2	(9)	4	(9)
Two Years or More	6	(27)	10	(46)	24	(54)
Total	22	(100)	22	(100)	44	(100)

Chi-square=13.14 with 14 degrees of freedom, p=.52

Mean	866.3	1251.4	1183.8
Standard Deviation	(1205.4)	(1434.5)	(1395.9)

Note: Summary statistics exclude case with 106 placements.

Summary

What can be made of the findings regarding the movement of the female population between mental health and corrections? First, the initial hypothesis about the increase in the number or proportion of women moving between the two systems following reform in the mental health system cannot be supported. There is no evidence in this study to show an increasingly larger transfer of the female population from one setting to another over time. In comparing the first and last years under study, the number of women identified as moving between the two systems was the same, but the proportion had actually declined.

Findings indicate that, after controlling for the decriminalization of drunkenness, there was no increase in the number or proportion of DOC clients with prior DMH placements between 1970 and 1975. The period 1975 to 1980 showed an increase in numbers but not proportions, as the total population also increased.

Second, a substantial proportion of individuals entering the criminal justice system have a history of placements in the mental health system. In the most recent year studied, 22 percent of the women committed had one or more prior placements in the mental health system in Massachusetts. But, it should be reiterated that it is probable that only a small proportion of women involved in the mental health system have involvement in the correctional system. Thus, the assertions of correction officials regarding the presence of mentally ill offenders can be supported. However, there does not seem to be any increase in this population.

Third, the data clearly indicate that the type of woman moving between the two systems is changing and that this change may be the result of a number of

different factors. In several cases these were related to changes in the criminal justice system, such as the decriminalization of drunkenness. In contrast to other studies on this subject, controlling for changes in the criminal justice system and offender characteristics did isolate some interesting changes in the pattern of movement between the two systems. Those changes include the offense for which the woman was committed, the type of sentence served, the region of the state from which she came and the extent of involvement in the mental health system.

Fourth, the research has failed to demonstrate the increased criminality of offenders with a history of mental health placements, challenging the findings of other research. Comparisons made over the three year sampling period revealed no trends toward increasing levels of criminal involvement among those with prior placements in the mental health system. Also comparisons made with offenders with no prior placements in the mental health system showed no consistent differences in these two offender groups regarding any of the indicators of criminal history.

The research indicates that women moving between the two systems, other than those incarcerated for drunkenness, generally have not had extensive involvement in the mental health system as indicated by number of admissions or length of institutionalization. For most of those identified, the length of time between last mental health placement and present correctional placement was lengthy, indicating little evidence that leaving a mental health facility led directly to placement in a correctional facility.