

# Misdemeanor Charges Among Individuals With Serious Mental Illnesses: A Statewide Analysis of More Than Two Million Arrests

Michael T. Compton, M.D., M.P.H., Adria Zern, M.P.H., Leah G. Pope, Ph.D., Nili Gesser, Ph.D., Aaron Stagoff-Belfort, B.A., Jason Tan de Bibiana, M.Sc., Amy C. Watson, Ph.D., Jennifer Wood, Ph.D., Thomas E. Smith, M.D.

**Objective:** Reducing the overrepresentation of individuals with serious mental illnesses in the criminal legal system requires a better understanding of the charges for which they are most commonly arrested. This study aimed to compare violent offenses, penal code classifications, Uniform Crime Reporting (UCR) codes, and specific charges in arrests among individuals with and individuals without serious mental illnesses.

**Methods:** The authors analyzed all arrests (N=2,224,847) in New York State during 2010–2013. Medicaid data and the state mental health authority's records were used to create an indicator of serious mental illness for each arrest.

**Results:** Among arrests involving individuals with the serious mental illness indicator (N=91,363), 7.3% were for violent offenses, compared with 7.6% of arrests involving individuals without the indicator. Among 10 penal code classifications,

class B felonies and class A misdemeanors were more likely in arrests among those with the indicator than among those without it. Of the 14 UCR codes examined, seven were more common in arrests with the serious mental illness indicator. Criminal trespass was among the most common charges in arrests involving individuals with the indicator.

**Conclusions:** Most arrests involving people with serious mental illnesses were for misdemeanors, specifically class A misdemeanors, and this class comprised a larger proportion of arrests for those with the indicator than of arrests for those without it. New approaches are needed to address the situations—usually related to socioeconomic disadvantage—that result in individuals with mental illnesses receiving misdemeanor charges and cycling through the criminal legal system.

*Psychiatric Services* 2023; 74:31–37; doi: 10.1176/appi.ps.202000936

Individuals with mental illnesses are overrepresented in all stages of the criminal legal system in the United States. Approximately 1–2 million people with serious mental illnesses are jailed each year (1, 2); detention can exacerbate symptoms, disrupt treatment and connections to services and social supports, and result in myriad collateral consequences (3, 4). Reducing the number of persons with serious mental illnesses in jails through interventions at the point of police contact has become an important focus of practice and policy (5). Most of what is known about the relationship between mental illness and involvement with the criminal legal system has focused on individuals who are incarcerated; less is known about law enforcement officers' charging practices during encounters (6). Wide variation in methodologies (7) makes it difficult to determine the true arrest rate among people with mental illnesses compared with the general population. Research examining complete state-level arrest data would be informative.

Misdemeanor offenses account for approximately 80% of the 10.5 million arrests in the United States annually (5, 8);

thus, it is unsurprising that studies report much higher numbers of misdemeanor than felony arrests among those with mental illnesses (6, 9–11). In Constantine and

## HIGHLIGHTS

- Among arrests involving individuals with an indicator of serious mental illness, 7.3% were for violent offenses, compared with 7.6% of arrests for those without the indicator.
- Most arrests involving individuals with the indicator were for misdemeanors, specifically class A misdemeanors, comprising a larger proportion of arrests for those with the indicator than for those without it.
- Of the 14 Uniform Crime Reporting codes examined, seven, including larceny-theft, fraud, criminal mischief, and aggravated assault, were more common in arrests of those with the serious mental illness indicator than in arrests of those without the indicator.

colleagues' analysis of a jail cohort (9), for example, detained individuals had an average of 2.5 misdemeanor arrests and 1.4 felony arrests. In a study by Fisher et al. in Massachusetts (11), mental health service recipients were 3.7 times and 2.5 times more likely than the general Massachusetts population to be arrested for felony crimes against persons and property, respectively, and 4.2 times more likely to be arrested for misdemeanor crimes. The need for alternatives to arrest and incarceration is underscored by a growing literature on the unmet health and social needs of people who experience repeated contact with the criminal legal and mental health systems (12, 13).

Although the problem of overrepresentation of individuals with mental illnesses in the criminal legal system is well established, few studies have examined the specific charges among those with mental illnesses in comparison with the general population. We addressed this gap by exploring specific types of charges that are most common in arrests involving individuals with serious mental illnesses. We used New York State arrest data spanning 4 years. In a previous report (6), we found that an indicator of serious mental illness was associated with a >50% increase in the odds of a jail sentence for misdemeanor arrestees, after controlling for other case characteristics. Conversely, the indicator was unrelated to likelihood of a prison sentence in cases with a felony arrest. Here, we compared charges (examining the most serious charge within each arrest event) involving individuals with and those without the serious mental illness indicator in terms of percentage of arrests for a violent crime, across penal code classifications (classes of felonies and misdemeanors) and across Uniform Crime Reporting (UCR) codes; we also ranked the most common specific charges.

## METHODS

### Arrest Data

The data set included all arrests for a misdemeanor or felony in New York State in 2010–2013 (6). In the current, event-based analysis, all arrests were included, meaning unique individuals could contribute multiple events to the data. Data came from the state's Division of Criminal Justice Services' Computerized Criminal History database. For arrests involving multiple charges (e.g., third-degree criminal trespass, a class B misdemeanor, along with third-degree assault, a class A misdemeanor), only the most serious charge (the assault charge, in this example) is reported on here.

Arrests were categorized and examined in four ways. First, the most serious charge within each arrest was categorized as violent or nonviolent, with violence defined as offenses related to assault, strangulation, homicide, sex offenses, kidnapping or coercion, robbery, firearms and dangerous weapons, and terrorism. This categorization overlapped substantially with the statutorily defined "violent felony offenses," although with some differences (e.g., violent felony offenses include some types of burglaries,

which were not included in our measure, and our measure included many lower-level crimes of violence that are not statutorily defined violent felonies).

Second, the most serious charge within each arrest was categorized into a felony or misdemeanor penal code class. Misdemeanors are offenses other than traffic infractions or nontraffic violations for which any imposed imprisonment sentence is 15–364 days. A felony is an offense for which a prison sentence of  $\geq 1$  year may be imposed. Table 1 defines felony and misdemeanor classes.

Third, the most serious charge within each arrest was classified with UCR codes from the U.S. Federal Bureau of Investigation UCR program. Arrests were categorized into 48 UCR codes (e.g., arson, burglary, drug offenses, larceny-theft, simple assault, and weapons offenses). Finally, we examined specific charges to identify the most common charges; however, as noted above, our data included only the most serious charge within each arrest.

### Indicator of Serious Mental Illness

We used the same two sources of mental health data as our previous report (6): Medicaid billing records for mental health services and state hospital admission and discharge records from the state Office of Mental Health's Mental Health Automated Record System. The time frame for the mental health data was 2009–2013. This sample of approximately 1 million mental health service recipients was matched to the arrestee sample by using probabilistic matching software that matched multiple identifiers, including name, date of birth, and Social Security number. Serious mental illness was indicated by any of the following diagnoses in a treatment episode in the 2 years before the individual's arrest: schizophrenia, schizoaffective disorder, other psychotic disorders, bipolar disorder, and major depressive disorder. Data were originally compiled for operational purposes and evaluation. Personal identifiers were deleted before this analysis, so the institutional review board of the New York State Psychiatric Institute determined that the project did not meet human subject research criteria.

### Data Analysis

The current analysis utilized event-based data. As mentioned above, only the most serious charge within each arrest was represented, and that charge could have entered the record at arrest, arraignment, indictment, or disposition. Individuals involved in offenses classified only as violations in New York State (e.g., loitering, disorderly conduct, or harassment) are not usually fingerprinted, so these cases were not included in the data. The analysis included 2,224,847 arrests: 91,363 (4.1%) involving individuals with the indicator of serious mental illness and 2,133,484 (95.9%) involving those without the indicator. The provided deidentified data set included only a frequency run of all charges among those with the indicator and a frequency run among those without the indicator. As such, we report raw frequencies and percentages as well as simple comparisons

**TABLE 1. Classes of felonies and misdemeanors**

Class	Description
A felony	Punishable by a maximum term of life in prison. Exemplified by arson in the first degree, in which the fire or explosion causes serious physical injury to another person (another person was present in the building, and the defendant was aware of it).
B felony	Punishable by a maximum of 25 years in prison. Exemplified by arson in the second degree, in which the fire was set with knowledge that someone was present in the building or that their presence was a reasonable possibility.
C felony	Punishable by a maximum of 15 years in prison. Exemplified by arson in the third degree, in which the fire was set with sole intent to destroy or damage the building (in which no one other than the defendant had proprietary interest), and the defendant had no reasonable ground to believe that such conduct might endanger the life and safety of another person or damage another building.
D felony	Punishable by a maximum of 7 years in prison. Exemplified by attempt to commit a class C felony, stalking in the first degree, assault in the second degree, sexual abuse in the first degree, and rape in the second degree.
E felony	Punishable by a maximum of 4 years in prison. Exemplified by arson in the fourth degree, in which one recklessly damages a building (in which no one other than the defendant had proprietary interest) by intentionally starting a fire.
A misdemeanor	Punishable by up to 364 days in jail and/or a \$1,000 fine (or double the amount the defendant gained from the crime); sentences can also include community service, a fine, mandatory state surcharges, issuance of an order of protection, probation, or a split sentence involving incarceration and then probation. Exemplified by petit larceny, or theft of $\leq$ \$1,000; third-degree assault, or recklessly injuring someone; making graffiti; and arson in the fifth degree, in which property of another person is damaged by intentionally starting a fire.
B misdemeanor	Punishable by up to 3 months in jail and/or a \$500 fine (or double the defendant's gain), or the other sentences as described for class A misdemeanors. Exemplified by exposing oneself or public lewdness, setting off fireworks without a permit, first-degree loitering for the purpose of using illegal drugs, or any attempt to commit a class A misdemeanor.
Unclassified misdemeanor	Penalties are defined by the offense. Exemplified by offenses pertaining to the state's vehicle and traffic laws, including driving with a suspended license, reckless driving, and driving while intoxicated.

of proportions of charge types, analyzed by using chi-square tests. Multivariable models—and multilevel analyses that would account for the clustered nature of the data (e.g., within individuals, within jurisdictions, or within counties)—were not possible because these variables were not included within the data set provided. Therefore, the figures reported are purely descriptive.

The first analysis compared the proportion of arrests for a violent crime among those with and those without the indicator. Second, we analyzed differences in penal code classifications among arrests of individuals with and of those without the indicator. In the third analysis, we examined UCR codes. Among 48 UCR codes, those with a very low prevalence ( $<2\%$  in the overall sample of arrests, e.g., arson, embezzlement, extortion, manslaughter, and prostitution) were excluded; accordingly, we focused on 14 UCR codes. Fourth, the most serious specific charges were ranked separately for arrests of individuals with and of those without the indicator of serious mental illness. All charges with a frequency of  $>1\%$  in each group were included.

## RESULTS

### Violent Offenses and Penal Code Classifications

Among arrests involving individuals with the indicator of serious mental illness, 7.3% ( $N=6,715$ ) were for a violent

offense, compared with 7.6% ( $N=163,069$ ) involving individuals without the indicator. As shown in Table 2, among 10 classes of felonies and misdemeanors, class B felonies and class A misdemeanors were more likely in arrests involving those with the indicator than in arrests involving those without the indicator, whereas the other classes of offenses (except class A-I felony, reducible) were more frequent in arrests involving individuals without the indicator. The differences in percentages were largest for class A misdemeanors, unclassified misdemeanors, and class B felonies. Class A misdemeanors, comprising  $>50\%$  of arrests in both groups, was the offense class with the largest disparity between arrests involving those with and those without the serious mental illness indicator.

### UCR Codes and Most Common Charges

Table 3 shows the 14 UCR codes that occurred at a frequency of  $\geq 2\%$  in the overall sample. Percentages of each code were statistically significantly different between the two groups (which was unsurprising given their large sample sizes), except for robbery and burglary. Seven codes were more common among those with the serious mental illness indicator, including larceny-theft, fraud, criminal mischief, and aggravated assault. Codes that were more common in arrests involving individuals without the indicator included possession of marijuana, driving under the influence of alcohol, and those pertaining to dangerous weapons.

**TABLE 2. Arrests of individuals without and individuals with an indicator of serious mental illness, by penal code class<sup>a</sup>**

Penal code class	Without indicator (N=2,133,484)		With indicator (N=91,363)	
	N	%	N	%
Class A-I felony, nonreducible	3,019	.1	42	.1
Class A-II felony	3,121	.1	58	.1
Class A-I felony, reducible <sup>b</sup>	2,446	.1	84	.1
Class B felony	105,565	4.9	5,809	6.4 <sup>c</sup>
Class C felony	83,377	3.9	2,641	2.9
Class D felony	203,023	9.5	8,206	9.0
Class E felony	197,507	9.3	7,874	8.6
Class A misdemeanor	1,104,871	51.8	54,022	59.1 <sup>c</sup>
Class B misdemeanor	280,273	13.1	11,002	12.0
Unclassified misdemeanor	150,053	7.0	1,606	1.8

<sup>a</sup> Local law felonies, violations, and infractions are excluded because they accounted for only 88, 155, and three arrests, respectively. Except where indicated, all offense types were statistically significantly different between the two groups ( $p < 0.001$ ; Bonferroni-corrected  $p = 0.005$ ).

<sup>b</sup> Did not statistically significantly differ between the two groups ( $p = 0.046$ , greater than the Bonferroni-corrected  $p = 0.005$ ).

<sup>c</sup> Classes of offenses more likely in arrests involving individuals with the serious mental illness indicator than in arrests involving individuals without the indicator.

Table 4 shows the rank order of specific charges (the most serious charge within each arrest event) with a frequency of  $>1\%$  in arrests involving those with and those without the serious mental illness indicator. Although many charges appeared for both groups, the two groups showed some differences. Four charges (i.e., operating a vehicle with  $\geq 0.08\%$  blood-alcohol content, first offense; driving while intoxicated, first offense; criminal possession of a weapon, fourth degree; and criminal possession of a controlled substance, third degree, narcotic, intent to sell) were among the most common charges in arrests involving individuals without the indicator but were not among the most common charges in arrests for those with the indicator. On the other hand, two criminal trespass charges (second and third degree) that were among the most common charges in arrests involving individuals with the serious mental illness indicator did not appear on the list of most common charges in arrests involving individuals without the indicator.

## DISCUSSION

We highlight four noteworthy findings from this study. First, arrests involving individuals with the indicator of serious mental illness were less likely than arrests involving individuals without a serious mental illness to be categorized as a violent offense, and most arrests among those with serious mental illness were for nonviolent crimes. As Neusteter and colleagues (5) suggest, law enforcement officers' discretion in applying minor charges for nonviolent behavior can have compounding effects in shaping people's trajectories through the criminal legal system; such discretion is less consequential in violent felonies. For example, misdemeanor arrestees with serious mental illnesses, but not felony arrestees, face an increased risk for receiving a jail sentence (6), and those with serious mental illnesses represent most jail entrants who are chronic misdemeanants (14).

Second, in terms of penal code classifications, class A misdemeanors were substantially more common in arrests involving individuals with serious mental illnesses than in arrests involving those without the indicator of serious mental illness. On the other hand, unclassified misdemeanors, including driving while intoxicated, driving with a suspended license, and reckless driving, were less common among individuals with serious mental illnesses, probably because they are less likely to own and drive vehicles. Third, some UCR codes were

more likely to occur in arrests involving those with serious mental illnesses, and the magnitude of the overrepresentation of some UCR codes was striking—for example, larceny-theft (i.e., the unlawful taking, carrying, leading, or riding away of property from the possession of another, such as theft of bicycles or shoplifting) (15) was 20% more common. Fourth, rank-ordering the most common charges among the most serious charge within each arrest event revealed that charges related to driving under the influence of alcohol were among the most common charges in arrests of those without the indicator (6.5% [ $N = 138,377$ ] of arrests, compared with 1.4% [ $N = 1,307$ ] among those with the indicator), and criminal trespass charges were among the most common charges in arrest involving individuals with serious mental illnesses (2.5% [ $N = 2,265$ ] of arrests, compared with 1.7% [ $N = 35,284$ ] among those without serious mental illnesses).

These findings should be viewed in light of literature seeking to explain why individuals with serious mental illnesses are overrepresented within the criminal legal system. The "criminalization hypothesis" argues that deinstitutionalization and failure to provide adequate mental health services led to arrest and criminal legal involvement as a default response to managing individuals with serious mental illnesses (16). However, the "criminogenic risk" perspective posits that myriad risk factors beyond symptomatic mental illness, such as low socioeconomic status and substance use, drive criminal involvement (17). These two conceptual frameworks provide complementary lenses for viewing our findings. On the one hand, criminal legal records describe the behavior of the legal system: the official labels attached (often with discretion) to alleged lawbreaking, the determination of guilt, and the sanctions meted out in particular cases. If the criminal legal system is using its processes to control behavior (i.e., behavior that is unacceptable to a community or to specific complainants) because the mental health system (or other social service systems)

cannot sufficiently control that behavior, this process could be deemed one of “criminalization.” On the other hand, criminal legal records can be seen as providing a rough proxy measure of actual offending behavior in the community (a *rough* proxy because many people who break the law never get arrested, and many who get arrested are never convicted for the crime they were initially charged with because of plea bargaining, etc.). In this case, the burden of criminogenic risks carried by individuals with serious mental illnesses (e.g., unstable family and peer relationships, inadequate education, unemployment and underemployment, housing instability, substance use, and neighborhood instability) puts them at high risk

for behaviors meeting the threshold of offenses for which the criminal legal system can legitimately use and process misdemeanor charges. As such, the criminogenic risk perspective and the criminalization hypothesis likely go hand in hand: individuals with serious mental illnesses are, by virtue of their psychosocial circumstances, at high risk for behaviors qualifying as criminal offenses, and simultaneously, the criminal legal system readily uses its processes to control those behaviors that the community or complainants insist be controlled.

In the future, deeper explorations of specific class A misdemeanor charges, in terms of exactly where the behaviors are occurring, could illuminate dynamics that are unique to encounters with police among individuals with serious mental illnesses and concurrent socioeconomic disadvantage. Given links between mental illness and housing instability (18), for instance, more quantitative and qualitative work is needed to understand the use and processing of criminal trespass.

This study had several methodological limitations. First, our indicator of a serious mental illness was imperfect because it did not include individuals with a serious mental illness who had not received billable treatment services within the 2 years before arrest, those with private health insurance, or those with less severe mental illnesses, such as posttraumatic stress disorder. Therefore, our findings were specific to people with serious mental illnesses who were socioeconomically disadvantaged and receiving at least some treatment services. Second, although they were relevant to

**TABLE 3. Arrests of individuals without and individuals with an indicator of serious mental illness, by UCR code<sup>a</sup>**

UCR code description and number	Without indicator (N=2,133,484)		With indicator (N=91,363)	
	N	%	N	%
Simple assault (37)	317,211	14.9	12,828	14.0
Larceny-theft (8)	289,393	13.6	14,872	16.3 <sup>b</sup>
Other offenses (43) <sup>c</sup>	209,119	9.8	10,237	11.2 <sup>b</sup>
Controlled substance possession, other (19)	206,086	9.7	12,700	13.9 <sup>b</sup>
Controlled substance possession, marijuana (17)	174,409	8.2	4,194	4.6
Driving under the influence of alcohol (39)	163,635	7.7	1,663	1.8
Fraud (31)	151,011	7.1	8,171	8.9 <sup>b</sup>
Criminal mischief (30)	98,455	4.6	4,554	5.0 <sup>b</sup>
Aggravated assault (6)	94,827	4.4	4,579	5.0 <sup>b</sup>
Dangerous weapons (20)	77,325	3.6	1,789	2.0
Robbery (5) <sup>d</sup>	48,783	2.3	2,069	2.3
Burglary (7) <sup>d</sup>	46,415	2.2	2,016	2.2
Controlled substance sale, other (15)	42,244	2.0	3,723	4.1 <sup>b</sup>
Forgery (24)	43,003	2.0	925	1.0

<sup>a</sup> Includes Uniform Crime Reporting (UCR) codes occurring in  $\geq 2\%$  of the overall sample.

<sup>b</sup> UCR codes more likely in arrests involving individuals with the serious mental illness indicator than in arrests involving individuals without the indicator.

<sup>c</sup> Other offenses include general violation of local law, criminal solicitation, criminal trespass, criminal contempt, and a multitude of other charges.

<sup>d</sup> Differences were not statistically significant (robbery,  $p=0.664$ ; burglary,  $p=0.529$ ).

our research question, we could not capture minor violations for which offenders are not fingerprinted, such as disorderly conduct and loitering, even though such charges are misdemeanors in other states and might be germane to the problem of criminalization in those settings. Future research should examine violations in addition to misdemeanors and felonies. Third, we examined only the most serious charge for each arrest event; additional charges might be informative and could be issued more commonly (as secondary and tertiary charges) among individuals with serious mental illnesses. Fourth, although charges within an arrest event have a lifecycle and may change from arrest, to arraignment, to disposition, our data represented only a snapshot; when the data set was created, more distant arrest records were more likely to have a disposition, whereas recent ones might not. As such, criminal charges from different stages in the legal process were treated as equivalent, even though the role of discretion and standards of evidence differ at each stage (e.g., probable cause for arrest vs. beyond reasonable doubt for conviction). Results could differ if the same analyses focused only on charges at arrest or charges at disposition. Fifth, the study period was 2010–2013; internal and external validity might have been limited given the rapidly shifting criminal legal landscape in New York State and in the United States. For example, the New York State Bail Elimination Act of 2019 eliminated money bail and thus mandated pretrial release (i.e., disallowed pretrial jail detention) for most misdemeanors and nonviolent felonies.



**TABLE 4. Rank order of the most common charges in arrest events involving individuals without and individuals with an indicator of serious mental illness<sup>a</sup>**

Rank	Without indicator (N=2,133,484)			With indicator (N=91,363)		
	Charge	N	%	Charge	N	%
1	Petit larceny (AM)	224,581	10.5	Petit larceny (AM)	12,483	13.7
2	Unlawful possession of marijuana (BM) <sup>b</sup>	154,043	7.2	Criminal possession of a controlled substance (AM)	10,942	12.0
3	Criminal possession of a controlled substance (AM)	151,113	7.1	Intent to obtain transportation without paying (AM)	6,404	7.0
4	Assault, third degree (AM)	132,736	6.2	Assault, third degree (AM)	4,639	5.1
5	Intent to obtain transportation without paying (AM)	108,573	5.1	Unlawful possession of marijuana (BM) <sup>b</sup>	3,957	4.3
6	Operating vehicle with $\geq$ .08% blood-alcohol content, first offense (UM) <sup>c</sup>	87,427	4.1	Criminal sale of controlled substance, third degree, narcotic (BF)	3,228	3.5
7	Driving while intoxicated, first offense (UM) <sup>d</sup>	50,950	2.4	Criminal mischief, intent to damage property (AM)	2,116	2.3
8	Criminal mischief, intent to damage property (AM)	43,287	2.0	Criminal contempt, second degree, disobey court (AM)	1,838	2.0
9	Criminal sale of controlled substance, third degree, narcotic (BF)	35,936	1.7	Menacing, second degree, weapon (AM)	1,391	1.5
10	Resisting arrest (AM)	35,060	1.6	Resisting arrest (AM)	1,341	1.5
11	Criminal contempt, second degree, disobey court (AM)	34,277	1.6	Assault, second degree, intent to cause injury with weapon (DF)	1,268	1.4
12	Criminal possession of weapon, fourth degree, firearm or weapon (AM) <sup>e</sup>	32,269	1.5	Criminal trespass, third degree (BM) <sup>f</sup>	1,206	1.3
13	Criminal possession of controlled substance, third degree, narcotic, intent to sell (BF) <sup>g</sup>	30,631	1.4	Criminal trespass, second degree (AM) <sup>h</sup>	1,059	1.2
14	Menacing, second degree, weapon (AM)	25,609	1.2			
15	Assault, second degree, intent to cause injury with weapon (DF)	25,445	1.2			

<sup>a</sup> Rankings reflect the most serious charge in an arrest event. All charges with a frequency of  $>1.0\%$  are shown. AM, class A misdemeanor; BF, class B felony; BM, class B misdemeanor; DF, class D felony; UM, unclassified misdemeanor.

<sup>b</sup> Charge has since been downgraded from a class B misdemeanor to a violation.

<sup>c</sup> 19th most common charge among those with the indicator (N=733, 0.8%).

<sup>d</sup> 31st most common charge among those with the indicator (N=574, 0.6%).

<sup>e</sup> 26th most common charge among those with the indicator (N=664, 0.7%).

<sup>f</sup> 17th most common charge among those without the indicator (N=20,558, 1.0%).

<sup>g</sup> 14th most common charge among those with the indicator (N=852, 0.9%).

<sup>h</sup> 26th most common charge among those without the indicator (N=14,726, 0.7%).

Finally, using charges as a research measure inherently limits interpretation. For example, a higher arrest rate for trespassing among those with serious mental illness than among those without serious mental illness could reflect psychiatric symptoms impairing normal social functioning in ways that cause these individuals to break community norms. However, it is also possible that the mental illness creates social and economic disadvantages—the criminogenic risks described above—that put these people in situations where they are more likely to breach private property boundaries. Conversely, criminal trespass could be a discretionary, and potentially discriminatory, charge that officers (and ultimately the larger misdemeanor processing

system) rely on (e.g., criminalization to resolve a situation and pacify a complainant, such as a shop owner). Examining charges alone cannot decipher the extent to which these interacting forces are at play.

## CONCLUSIONS

Research that delves into law enforcement officers' misdemeanor charging decisions would inform specific diversion strategies. Research is also needed on pathways for individuals with serious mental illnesses charged with minor misdemeanors, namely, their pathways across the various layers or intercepts of the criminal legal system, which can include

technical violations, such as failure to appear to court and probation violations. Associated costs should also be studied. For example, Swanson et al. (19) examined administrative records for >25,000 adults with schizophrenia or bipolar disorder served by the Connecticut Department of Mental Health and Addiction Services in 2006–2007 and found that the group with criminal legal system involvement (about one in four) incurred costs approximately double those of the group with no involvement: \$48,980 compared with \$24,728 per person. Such work is especially vital in an era of rapidly evolving criminal legal reform.

## AUTHOR AND ARTICLE INFORMATION

Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons, New York City (Compton, Zern, Pope, Smith); New York State Psychiatric Institute, New York City (Compton, Pope); Department of Psychology, University of North Dakota, Grand Forks (Gesser); Vera Institute of Justice, New York City (Stagoff-Belfort, Tan de Bibiana); Helen Bader School of Social Welfare, University of Wisconsin–Milwaukee, Milwaukee (Watson); Department of Criminal Justice, Temple University, Philadelphia (Wood); New York State Office of Mental Health, Albany (Smith). Send correspondence to Dr. Compton (mtc2176@cumc.columbia.edu).

Research reported in this article was supported by the National Science Foundation (grant 1920902 to Dr. Compton).

The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of the National Science Foundation.

The authors report no financial relationships with commercial interests.

Received December 29, 2020; revisions received January 31 and March 30, 2022; accepted May 3, 2022; published online July 7, 2022.

## REFERENCES

- Morrissey JP, Steadman HJ, Dalton KM, et al: Medicaid enrollment and mental health service use following release of jail detainees with severe mental illness. *Psychiatr Serv* 2006; 57:809–815
- Steadman HJ, Osher FC, Robbins PC, et al: Prevalence of serious mental illness among jail inmates. *Psychiatr Serv* 2009; 60:761–765
- Schnittker J, John A: Enduring stigma: the long-term effects of incarceration on health. *J Health Soc Behav* 2007; 48:115–130
- Brandt ALS: Treatment of persons with mental illness in the criminal justice system: a literature review. *J Offender Rehabil* 2012; 51:541–558
- Neusteter R, Subramanian R, Trone J, et al: Gatekeepers: The Role of Police in Ending Mass Incarceration. New York, Vera Institute of Justice, 2019
- Hall D, Lee LW, Manseau MW, et al: Major mental illness as a risk factor for incarceration. *Psychiatr Serv* 2019; 70:1088–1093
- Livingston JD: Contact between police and people with mental disorders: a review of rates. *Psychiatr Serv* 2016; 67: 850–857
- Neusteter R, O'Toole M: Every Three Seconds: Unlocking Police Data on Arrests. New York, Vera Institute of Justice, 2019
- Constantine R, Andel R, Petrila J, et al: Characteristics and experiences of adults with a serious mental illness who were involved in the criminal justice system. *Psychiatr Serv* 2010; 61: 451–457
- Fisher WH, Roy-Bujnowski KM, Grudzinskas AJ, et al: Patterns and prevalence of arrest in a statewide cohort of mental health care consumers. *Psychiatr Serv* 2006; 57:1623–1628
- Fisher WH, Simon L, Roy-Bujnowski K, et al: Risk of arrest among public mental health services recipients and the general public. *Psychiatr Serv* 2011; 62:67–72
- Harding CS, Roman CG: Identifying discrete subgroups of chronically homeless frequent utilizers of jail and public mental health services. *Crim Justice Behav* 2017; 44:511–530
- Milgram A, Brenner J, Wiest D, et al: Integrated Health Care and Criminal Justice Data—Viewing the Intersection of Public Safety, Public Health, and Public Policy Through a New Lens: Lessons From Camden, New Jersey. Cambridge, MA, Harvard University Kennedy School, 2018
- Berman G, Adler J: Toward misdemeanor justice: lessons from New York City. *Boston Univ Law Rev* 2018; 98:981–999
- Larceny-Theft. Washington, DC, Federal Bureau of Investigation, 2019. <http://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s-2019/topic-pages/larceny-theft>. Accessed June 7, 2022
- Dempsey C, Quanbeck C, Bush C, et al: Decriminalizing mental illness: specialized policing responses. *CNS Spectrums* 2020; 25: 181–195
- Bonfine N, Wilson AB, Munetz MR: Meeting the needs of justice-involved people with serious mental illness within community behavioral health systems. *Psychiatr Serv* 2020; 71: 355–363
- Glasheen CL, Forman-Hoffman VA, Hedden SD, et al: Residential transience among adults: prevalence, characteristics, and association with mental illness and mental health service usage. *Community Ment Health J* 2019; 55:784–797
- Swanson JW, Frisman LK, Robertson AG, et al: Costs of criminal justice involvement among persons with serious mental illness in Connecticut. *Psychiatr Serv* 2013; 64:630–637