

Management And Treatment Of Insanity Acquittes: A Model For The 1990s

REGULAR ARTICLE

The Effect of Length of Hospitalization on Re-arrest Among Insanity Plea Acquittes

Richard Miraglia, LMSW, and Donna Hall, PhD

State psychiatric hospitals are increasingly populated by forensic patients. In New York State, the growth in the forensic population is largely attributable to increased lengths of stay of patients deemed not guilty by reason of insanity (NGRI). This research was conducted to determine whether longer periods of hospitalization are associated with better outcomes in the community, as measured by re-arrest for any offense and re-arrest for violence. The sample included 396 NGRI patients released into the community in New York State. A Cox regression proportional hazards model was used to assess the unique effects of length of hospitalization on re-arrest. The results showed that the length of treatment had little effect on either measure of re-arrest. Re-arrest was largely explained by demographics and prior criminal histories.

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In recent years, state mental health agencies throughout the United States have witnessed an increase in both the number and proportion of persons occupying state-operated inpatient beds who have been referred for hospitalization by the criminal justice system. In state-level data submitted to the Center for Mental Health Services for the period 2002 through 2005, 11 states reported an increase in admissions to state-operated inpatient programs and largely attributed the growth to an increase in forensic admissions.¹ As noted by Lamb and Weinberger, over the past few decades a "profound paradigm or model shift in the care of persons with severe mental illness" (Ref. 2, p 529) has occurred, where access to inpatient care is through jails or prisons.

This trend also is occurring in New York State (NYS), with forensic referrals comprising an increasing portion of the state's civil (nonforensic) psychiatric hospital census. Between 1998 and 2008, the percentage of the civil hospital census contributed by forensic referrals increased from 11 to 17 percent. For our purposes, those identified as forensic referrals include persons committed to the care and treatment

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of the NYS Office of Mental Health (OMH) as Not Responsible for Criminal Conduct Due to Mental Disease or Defect pursuant to Criminal Procedure Law (CPL) § 330.20 (1980) (NGRI), those committed after being found incompetent to stand trial for criminal offenses (both felony and misdemeanor offenses), and persons released from prison and subsequently admitted to a state civil psychiatric facility without any intervening community-based mental health contact. Slightly more than 40 percent of the forensic-referred beds are occupied by persons subject to New York's NGRI statute, and that statistic has remained unchanged over the past decade.

The increased prevalence of NGRI patients within civil hospitals in New York State is a result of their increasing length of stay (LOS) in the hospital. This increased LOS has occurred in both secure and civil hospitals. While the number of NGRI admissions to hospitals in New York State has declined over the past three decades from a high of 77 in 1982 to a low of 22 in 2008, the length of hospitalization of these individuals has increased significantly.² For example, more than 40 percent of those admitted in the 1980s were released into the community within seven years of admission.³ In the 1990s, only 21 percent of the admissions were released into the community within seven years.³ At the start of the last decade,

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