Sault Ste. Marie MCH: Program Evaluation

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March, 2011

Acknowledgments

The authors would like to acknowledge and thank the following individuals and organizations for their assistance in conducting this research:

- Staff and front line workers from the Canadian Mental Health Algoma for their support and assistance: Chris Keller, Mental Health Court Liaison, and CMHA court workers Amy Rankin, and Catherine Iezzi;
- Dan Morgan of CMHA and Club 84;
- Warren Weir, Acting Director and Kathy Thompson, researcher, of NORDIK for their initial work on this project; and
- Algoma Community Legal Clinic for providing a confidential interview space.

And the following individuals for recognizing the need for alternative court processes and taking the initiative of creating the Sault Ste. Marie MHC:

- Annette Katajamaki, Executive Director, and Sandie Leith, Supervisor at Canadian Mental Health Algoma;
- Roman Carlucci of the Sault Ste. Marie Police Services, and
- David Kirk, Crown Attorney

Finally, the authors acknowledge and thank all of the participants who volunteered their time and information for the purposes of this research project, we hope that we have accurately portrayed your experience.

Funding assistance for this research was provided by the Government of Ontario (Community Safety and Correctional Services), Proceeds of Crime Grant. The views expressed herein are solely those of the authors of this report, and do not necessarily reflect those of any funding agency. Funding for a research intern was also provided by Northern Ontario Heritage Fund Corporation.

Executive Summary:

The Sault Ste. Marie MHC was launched in February 2010 by a collaboration of community partners with the intent to improve outcomes for individuals experiencing mental health issues who come in conflict with the law. The community collaborators included Canadian Mental Health Algoma (CMHA), the Crown Attorney's office, and the local police services. The partners understood that not everyone experiencing mental illness would be eligible for services through the newly-formed special court, however, it was hoped that through the use of early diversion and court mandated treatment options, individuals could potentially avoid incarceration and experience improved treatment outcomes.

NORDIK (Northern Ontario Research, Development, Ideas and Knowledge) Institute, a community-based research institute associated with Algoma University, was hired to conduct research on the effectiveness of the Sault Ste. Marie MHC (MHC). A literature review was undertaken and a data collection tool developed; training of CMHA referral staff was provided; and information was collected from participants in the MHC processes through pre- and post-court interviews. During the study period of approximately eight months, a total of 55 individuals were diverted to the MHC, but only five participants completed the research study.

Overall, study participants were quite positive in their assessments of the MHC. The participants indicated improvements in their sense of self, their capacity to meet program requirements and an improved perception of community support. Of particular benefit was the CMHA courtworkers' assistance in supporting participants' compliance with court-mandated treatment including daily assistance with managing appointment schedules and paperwork.

Participants did have a number of suggestions for areas of improvement, and further recommendations arose from the literature review. In total five recommendations were identified:

1. That public legal information materials to clarify the court processes be developed made broadly available to the public
2. That educational initiatives be undertaken to eliminate the misperceptions and biases surrounding mental illness
3. That 'graduates' of the program be recognized and trained to provide peer mentorship
4. That the viability of individualized treatment plans being developed by the CMHA courtworker be explored
5. That that waiting lists and/or waiting times for services be monitored, and that a cost/benefit analysis be undertaken to assess the impact of the MHC

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1.0 BACKGROUND:

The Sault Ste. Marie MHC[1] provides the Sault Ste. Marie region with an opportunity to creatively and effectively work with mentally ill members of the community and to alter the regrettable trend of criminalization of mentally ill individuals. Begun in February, 2010, the Sault MHC is a collaboration of Community Mental Health Algoma (CMHA), the Sault Ste. Marie Police Services, and the Algoma District's Crown Attorney's office and is a community-based service. At the Crown's discretion, individuals are offered an opportunity to participate in the MHC, rather than being directed through the usual legal processes.

The collaborating organizations established an oversight committee to the MHC, and were interested in conducting a comprehensive evaluation to support the efficacy and value of the initiative. NORDIK Institute, a community based research institute associated with Algoma University, was contracted to conduct this evaluative research, with funding obtained through a Government of Ontario (Community Safety and Correctional Services), Proceeds of Crime Grant.

Studies on the efficacy and value of MHCs in Canada do not exist (Schneider et al., 2007) thus this research is unique. Although it was recognized that this study would be limited due to the program's commencement during the year of study, the agencies involved felt that the first year of operation could be critical in terms of setting direction and success and, while this was also likely to be the year of the most program flux, the study could provide some useful insights into the Sault MHC.

2.0 RESEARCH METHODOLOGY:

Since the court first began operations in February 2010, and funding was only available for the period of April 1, 2010 to March 31, 2011, it was anticipated that the study would be used restricted to establishing some baseline data. The research undertaken involved several steps: a) a literature review; b) development of a survey/questionnaire; c) training of staff in data collection; and d) data collection and analysis. Given reporting requirements, data was collected only from July 1, 2010 until February, 2011. Participation in the research was voluntary, and only 5 participants fully completed the intake and exit interviews, resulting in a small sample size. This made comparison with another locale impossible as results of such a comparative sample would not have been valid.

2.1 Literature Review and Staff Training

A literature review was conducted to provide a summary of current and past research and the state of this field, and to inform the data collection. The literature revealed historical influences that contribute to the high rates of mentally ill individuals who are in conflict with the law, including deinstitutionalization and service gaps present in many communities. The

[1] The Sault Ste. Marie Community Court is variously referred to as Mental Health Court (MHC) and Sault Community Court by different community players. For clarity and brevity, we have used MHC throughout this document.

literature also identified that MHCs are a relatively new phenomena in the Canadian context and that social innovation around this issue is needed (*see* Section 3 of this report).

A survey tool was developed to provide detailed information about program processes and outcomes. This self-report measure tracked various encounters and responses to the various individuals and processes involved with the MHC. By including detailed questions about, for example, the usefulness of contact with the MHC judge, the process components of the Sault MHC could be assessed, and some inferences about the factors influencing the outcomes could be drawn. Such information was expected to provide both details about the nature and impact of the MHC intervention process, as well as information about the specific changes within clients.

Training of CMHA staff was developed and delivered by Dr. James Horley in late June, 2010. Supervisory and front-line staff who were working directly with the referral process were included, as well as NORDIK staff members. Training focused on research methodology, the referral and recruitment process, and application of the data collection tool. Researchers also participated in the dissemination of research methodology and results (Horley & Broad, 2010; Horley, Kellar, Broad & Weir, 2010; Rawn, 2010).

2.2 Recruitment and Participation

All individuals who entered the court after July 1, 2010, were identified to NORDIK by a court worker appointed by CMHA, who provided basic background information to the research team (see Appendix A). The participants were then contacted by a research assistant who solicited research participation. All participants were advised that their participation was entirely voluntary and asked to sign an informed consent form ensuring that they understood the nature of the research and understood their rights as research participants. Participants also received a copy of the signed consent form.

If the individual agreed to participate, s/he was then interviewed by a researcher using a semi-formal interview structure (see Appendix B). Each individual was to be interviewed twice, once at the initial step of the MHC process (intake interview) and once at the conclusion of their involvement with the MHC (exit interview). Participants were identified by an ID number to protect confidentiality. Interviews were conducted in a private office located at Club 84, a common space for social, educational, and vocational services for individuals with mental health issues. This setting was chosen to promote client comfort in a private and accessible setting. Participants were again informed of the nature of the interviews and guided through the consent form. Clients were also given the opportunity to be informed of the results of the research upon completion of the project if they so desired.

Interviews ranged from forty minutes to one and a half hours and were semi structured in nature. The interview consisted of both open ended and closed answer questions, and a Likert scale was used to rate responses (a rating tool ranging from 1 to 7). The interview focused on four general categories: treatment past and present, social or community support, sense of self, and MHC specific questions (see appendix C). After the interview, clients were thanked for their participation, debriefed and asked if they had any questions or concerns about the interview

process, the days' meeting, or something particular about the court process that they had not had a chance to address.

A follow up appointment for the concluding interview was then scheduled in accordance with their concluding court date. The same tool was used for the concluding interview upon the participants' completion of the MHC process.

2.3 Research Participation:

CMHA data reveals that between February 18, 2010 and February 10, 2011 there were a total of 198 individuals (with some repeats) who participated in CMHA's Court Outreach program. Of those, 143 were in the "mainstream" court system and 55 were re-directed to the Sault MHC (Keller, 2011).

Of the 55 individuals who participated in the MHC, 8 individuals either failed to complete their diversion plan or were asked to leave the programme due to other circumstances (e.g., more criminal charges laid since entering the program). There was also 1 repeat individual, included in the total 55. Of the 46 potential research participants, 12 agreed to participate and provided initial consent (Keller, 2011).

Two individuals, upon being contacted for an interview, withdrew their consent and indicated that they no longer wished to take part in the research; another individual was unable to attend the scheduled interview appointments due to health issues; 2 other individuals were unable to continue after having completed the first pre-court interview due to hospitalization (1) and financial difficulty (1) which prevented telephone contact; 2 other individuals were unable to coordinate with the researcher for interview dates in time to be included in research.

Finally, five individuals were able to complete both the pre- and post-court interviews.

2.4 Study Limitations

At the outset, it was expected that the study would include approximately 80 – 100 individuals, with a comparative sample drawn from another community. The limited number of participants, only five, required a change of research design to a case study approach, as there could be no statistical significance for comparison purposes. A variety of factors contributed to the smaller sample size, including an eight-month data collection period when the court process typically had a duration of five months was an inadequate timeframe; and there were no tangible incentives for participants who already had a busy schedule of treatment, support groups, reporting for court, and personal/work life. Those who withdrew from the research commonly indicated that they felt that they had no reason to participate, that they were far too busy to participate, and did not want to go to another meeting when they were not required to do so.

Mental health issues may also have contributed to no-shows at scheduled interview times. The participants who did take part in the research often expressed a sense of confusion as to why they were being asked to do so. When initially contacted by NORDIK, some participants asked "am I in trouble?" or "do I have to do this for the court?" Finally, some participants indicated to

CMHA referral workers that they did not wish to participate, but their reasons not available to research personnel.

3. LITERATURE REVIEW

Mental health courts (MHCs) are a relatively recent development in Australia (Scott, 2009; Sly et al., 2009), Canada (Heerema, 2005), the United States (e.g., Boothroyd et al., 2003), and a number of other Western nations in response to a particular set of circumstances. Over much of the developed West since the middle of the 20th century, increasing numbers of individuals housed in psychiatric hospitals were released into the community. De-institutionalization may be attributable to many factors (e.g., advances during the 1950s psychotropic medication, post-WW2 economic conditions) but it left many individuals unable to function well because they were released into communities unprepared for the influx of residents having special, and in some cases serious needs. Unfortunately, far too many individuals with psychological difficulties had and continue to have encounters with law enforcement and criminal justice before they receive any psychiatric or psychological assistance, if they receive any medical help at all. The movement from psychiatric institution to penal institution has been called "trans-institutionalization" (Orford, 1992) where individuals not only move from one system to another but become dependent on various institutions for meaning, structure and community thereby ensuring their return, often sooner than later. This is not only an injustice for those caught in the various revolving doors of the two systems but it is an extremely expensive and unacceptable social state-of-affairs insofar as valuable police and court resources are spent dealing, often repeatedly, with individuals who are committing illegal acts largely as a function of their psychological difficulties.

It should be noted that not all observers are keen on the development and rise of MHCs. Seltzer (2005), for one, argued that although the intentions behind MHCs are laudable, they raise more problems than they solve. As examples of inherent problems with MHCs, Seltzer pointed to the civil rights issues of "voluntary" participation and coerced treatment. Recent research by Redlich (2005; Redlich et al., 2010) tends to support such concerns, although it also suggests that they may be overstated.

The numbers of MHCs have increased dramatically over the past decade, although the idea and early pilot projects existed early in the 1980s (see Sipes et al., 1986). They were proposed and implemented based on the idea of "therapeutic jurisprudence" (Wexler, 1992). Wexler described therapeutic jurisprudence as criminal justice based on therapy rather than sanction, justified in cases where defendants may be deemed fit to stand trial but who committed legal transgressions largely as a function of psychosocial impairment. They are, according to Wexler, deserving of help rather than punishment, and certainly not criminalization, as a means to reduce or eliminate their likelihood of further transgression. Unfortunately, the data to support Wexler's assertion were not available at the time of his original article; however, recent research suggests that MHCs, as specialized diversions for those who are unwell, are effective.

The MHC in Broward County, Florida, is one of the first specialized courts in the United States and one of the most studied. After examining the process and outcomes of this court, Boothroyd and colleagues (2003) noted that the court does not proceed with a one-size-fits-all

attitude, and it operates in a manner very different from more mainstream courts. The majority of defendants, for example, were engaged directly by the presiding judge, often asked for their own insights into their condition and what they saw as necessary to assist them. The majority of defendants became involved in state-funded mental health treatments, with most completing prescribed therapy, although some simultaneously were monitored on probation. Boothroyd et al. (2003) were unable to conclude, unfortunately, whether the Broward MHC had an overall positive, long-term impact on the mental health and illegal acts that it targeted. In a subsequent study (Boothroyd, Mercado, Poythress, Christy, & Petrila, 2005), there was no significant reduction in clinical symptoms among MHC participants—a sizeable minority (nearly one third) of whom were visible minorities-- although the authors noted that MHCs cannot control the quality of mental health services and the participants may have received poor treatment. Behnken et al (2009) reported recently on the impact on recidivism of a California MHC for antisocial yet psychologically troubled teens, and they showed a significant reduction in both property and violent person offences from prior to involvement until two years post-involvement. Moore and Hiday (2006) discovered a similar impact for a court dealing with adults on the opposite side of the country, where not only re-offence rates declined but offence severity was reduced for MHC participants as well. Turpin and Richards (2003) examined the short-term effects of two MHCs based in and near Seattle, Washington, and, although their sample sizes were small and the time-at-risk of participants was less than desirable (i.e., they were concerned with impacts immediately following court-ordered treatments), they reported that MHC clients showed both higher psychosocial functioning and lower rates of criminal offending, at least in terms of minor offending. Ferguson et al. (2006) found in their Alaskan MHC evaluation that participants, too, showed lower re-offence rates and lower re-offence severity. By performing a cost-benefit analysis, they reported that the MHC was able to generate savings to the Alaskan criminal justice system of roughly two and a half times the annual operating cost of the project. In a wide-ranging review of U.S. diversion programs, Sirotich (in press) concluded that such programs have not demonstrated consistent reductions in recidivism, although he was able to conclude that programs do reduce time in custody. Whether this is due to less offence severity or other factors is unclear.

Evaluative data from Canadian MHCs, unfortunately, appear nearly non-existent to date (Schneider et al., 2007). According to Schneider and colleagues, we need to evaluate more MHCs in Canada. This is especially crucial given that there appears to be a wide variation in the nature of MHCs (Erickson, Campbell, & Lamberti, 2006; Redlich et al., 2006; Wolff & Pogorzelski, 2005), and not just across jurisdictional boundaries but within city limits.

4.0 RESEARCH FINDINGS

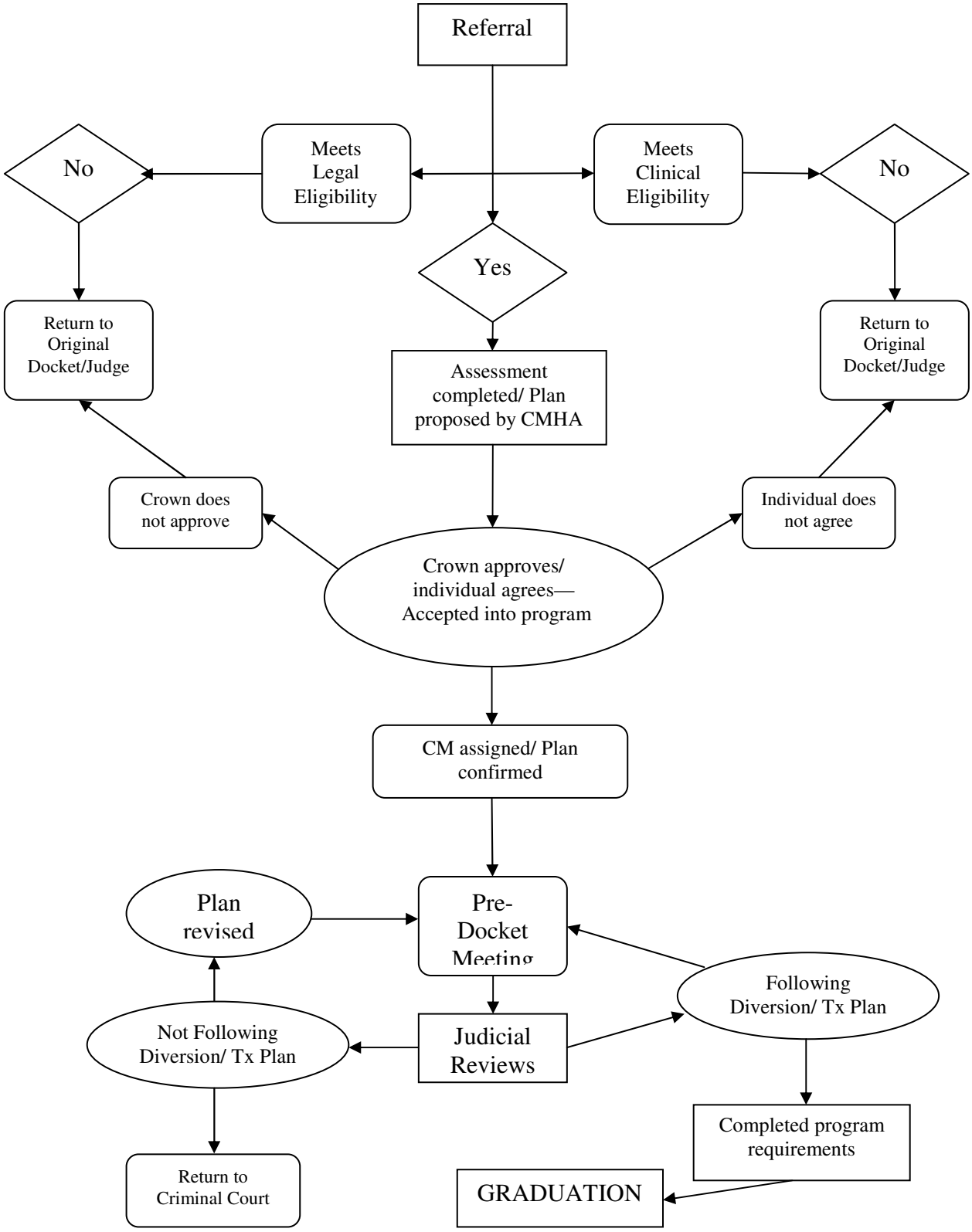
The study revealed that addressing the needs of persons in conflict with the law, who are also experiencing mental illness, is a complex task, involving services ranging from initial police officers responding to emergency calls, through a range of community and medical treatments, and judges, Crown Attorneys, and specialized courtworkers. For the study participants, this complexity was at times confusing, and required multiple weekly appointments, though overall considered an improvement to the 'mainstream' court process by those who had experienced it.

4.1 Sault Ste. Marie Community Court Referral Process:

An individual may be referred to CMHA by anyone in the community including self-referrals. When the individual has charges pending, CMHA assigns a Court Worker to complete an intake assessment to determine the individual's needs and eligibility for CMHA's services. If appropriate for service, the CMHA worker would then have a brief discussion with the Crown Attorney about eligibility for the MHC. Eligibility determination for the MHC is at the discretion of the Crown and is based on a number of factors such as whether there is a prior criminal record and seriousness of the current charges. On some occasions, when the Crown's Office became aware of an individual's suitability for the MHC prior to the involvement of a CMHA courtworker, the Crown normally delayed court appearances until the individual could be referred, and then the process continued as described above (Keller, 2011).

[Next page is Figure 1]

Figure 1. Sault MHC Referral Process



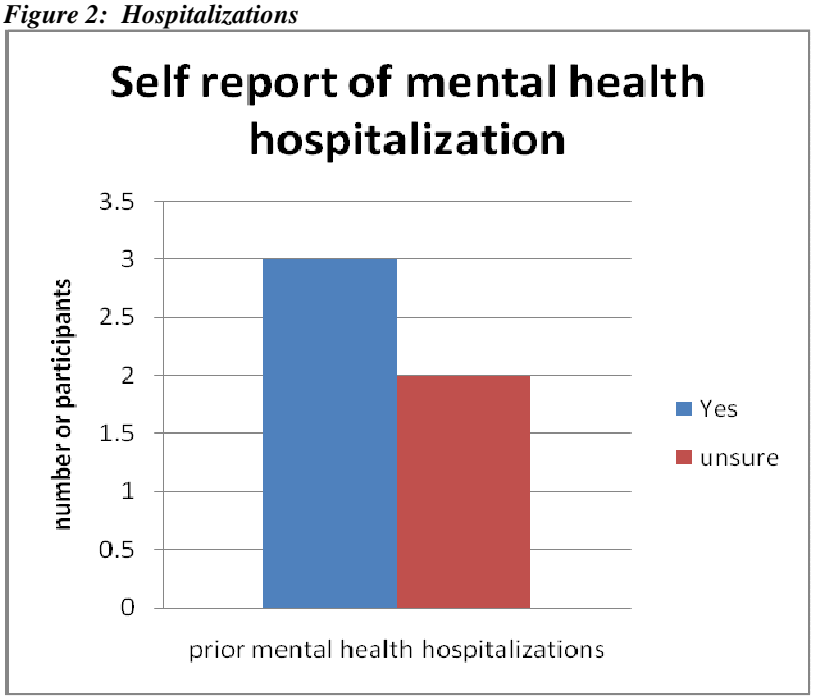
4.2 Participant Characteristics[2]:

A total of five individuals fully completed the research program, 3 females and 2 males. One individual self-identified as Aboriginal. One individual was employed full-time, and one part-time, while the other three were unemployed. Several reported that they had not been able to work for many years and that they were in receipt of social assistance. Only 2 individuals reported having substance abuse problems to their CMHA worker, although through the interview process it appeared that 4 out of the 5 individuals may have had some substance abuse issues, by reporting use of services such as A.A or through mentioning these issues when answering other questions.

4.3 History of Hospitalization and Treatment of Mental Illness

Three of the participants reported prior hospitalizations while two individuals were uncertain as to whether they had been hospitalized.

Figure 2: Hospitalizations



4.3.1 Treatment of Mental Illness

At intake, none of the participants reported involvement in mental health treatment, although during the interviews, it appeared that a majority of participants actually did utilize treatment services for mental health issues. This confusion may have occurred due to

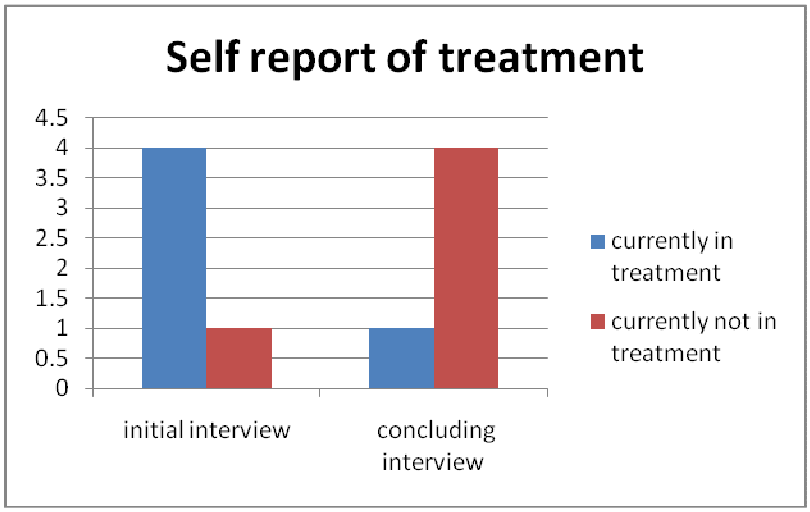
[2] It should be noted that the demographics of the study participants are somewhat atypical both of individuals in conflict with the law, and in persons experiencing mental illness. For example, men in conflict with the law usually outnumber women substantially, while it is highly unusual for an entire group of persons experiencing mental illness to have close family ties. This may be an anomaly of this study's participants, but may also be worthy of further research, to determine whether certain subgroups are more likely to succeed in a programme such as this.

participants' perception of 'treatment'. When questioned about current treatment during the interview process, participants considered only medical and/or pharmaceutical methods to be 'treatment', not including counseling and community support agency interventions in this definition.

The most frequent treatment identified by participants was accessing a psychiatrist and/or family doctor for the purpose of obtaining a prescription. The most common reason given for discontinuing treatment was that the psychiatrist and/or family doctor was no longer available due to Sault Ste. Marie's chronic lack of physician services. All participants reported making use of the Sault Area Hospital's walk in clinic for the purposes of maintaining access to prescribed medications.

During the initial interviews, four participants reported currently taking part in treatment, while during the concluding interviews there was an inverted report of use of treatment, with only one participant reporting current involvement in treatment.

Figure 3. Medical Treatment during Court Involvement



4.3.2 Access to Community-Based Treatment and Services

Research participants reported use of a wide range of community-based service and treatment options, both prior to court involvement as well as during the court process. All research participants reported receiving counseling services from CMHA (Anger Management for Adults), two reported participating in Community Living Algoma (CLA) treatment focused on life skills and Cognitive Behavioral Treatment (CBT), and two reported using the addictions centre. Participants indicated that the following community based services had been accessed:
John Howard Society - Anger Management
Women in Crisis (a transition house)
Sexual Assault Clinic – grief counselling
Riverview psychiatric care – hospitalization and Dialectical Behavioral Therapy ('DBT lite')
Community Living Algoma (CLA) – 'Moving On' program
Community Alcohol Drug Assessment Program

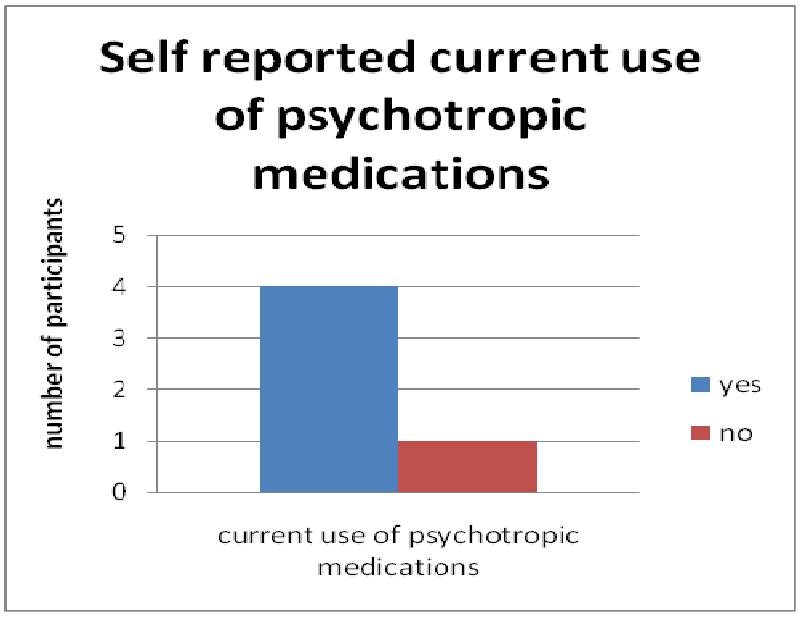
4.3.3 Duration and Frequency of Treatment and Services

Participants reported being in treatment for an average of 10 years, reporting either biweekly or monthly visits to a psychiatrist or family doctor. Participants noted that the most frequently used services were those provided by the Sault Area Hospital and that they attended monthly and bi-weekly sessions over the course of the last 10 years. Participants also reported frequent attendance at medical and/or community based services, having 1 or 2 appointments per week on average. A number of participants reported that they continued to receive the same or repeat treatment during the court process.

Participants stated that they were also able to access some new treatment options as part of their court-ordered treatment: 3 participants reported to Riverview Centre for" DBT lite", a program that utilizes Dialectical Behavioral Therapy in a group session format. The new options were used generally bi-weekly or monthly over the course of the court process (4 to 6 months).

DBT and psychotropic medications were the most common form of treatment utilized by participants during their involvement with the MHC, although participants could not always recall exact names for treatment groups and were sometimes unable to provide details of the treatment program.

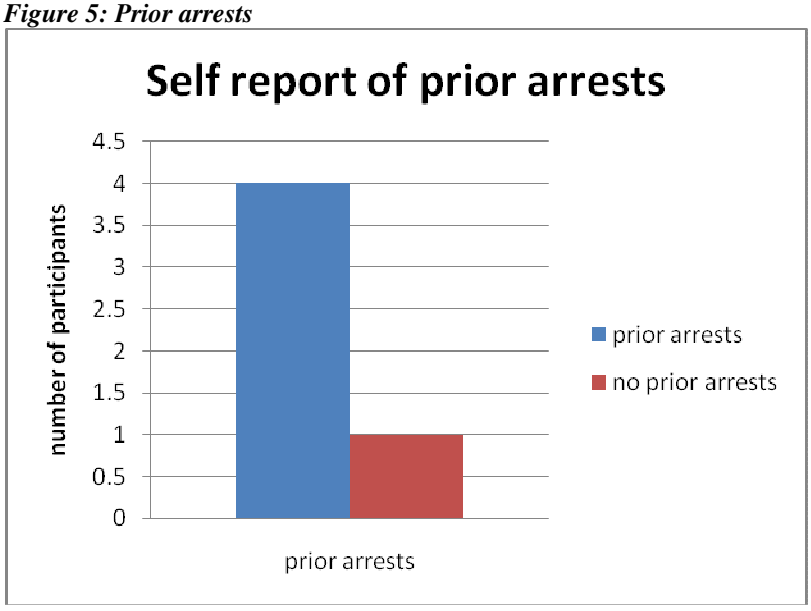
Figure 4: Use of Psychotropic Medication



4.4 Participants' History of Conflict with the Law

Participants had experienced a range of prior conflicts with the law, including: theft, breach of sentence conditions, driving offences and assaults.

Figure 5: Prior arrests



4.5 Family and Social Supports

All participants reported a relatively high level of community support, including good relationships with family, few but meaningful friendships with friends, and the lasting support of institutions, social service agencies and workers. It should be noted that this is generally uncharacteristic of the mentally ill. All of the participants stated that their families were the most influential support available and that they took pride in being a good influence on their families and children. All individuals also reported being relatively secure in their lives, having assistance from agencies, families and friends.

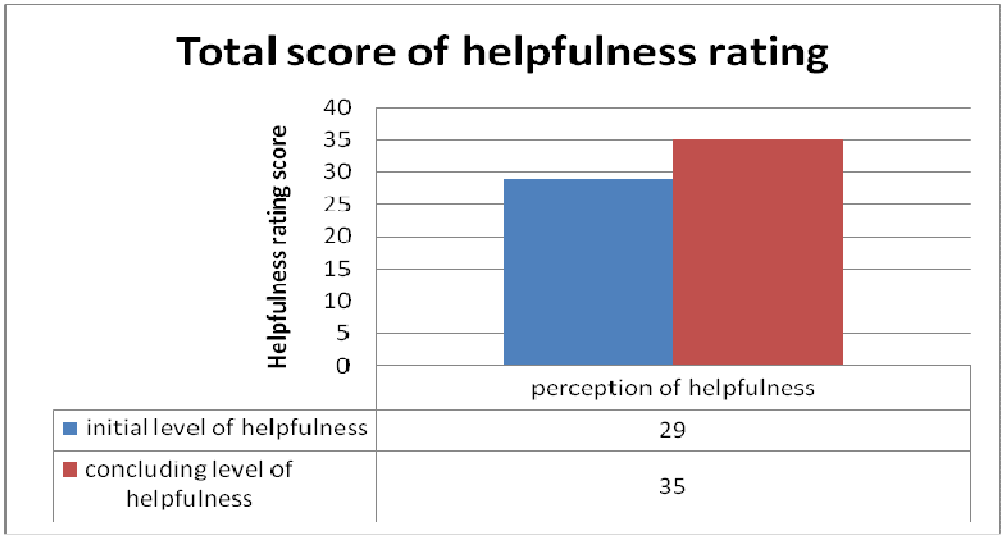
Four out of five participants stated that they regularly attend religious services and support groups, such as Alcoholics Anonymous, that play a major role in their well-being and health. Two participants also listed their current employer as a supportive environment for their mental health and court related issues.

It is important to note that during the pre-court interviews a majority of participants indicated that their friends were generally a good influence on them, although during the post court interviews participants indicated that their friends were actually a bad influence and that they were taking steps to distance themselves from them in order to remain out of trouble in the future.

5. IMPACT OF SAULT MHC

Participants provided an overall positive assessment of the impact of the MHC, with changes noted in the support provided by community-based agencies, the legal processes themselves, and in treatment options. Participants also provided some valuable feedback about potential areas of concern, and improvements which could be made. Given that this is based on the initial year of operation, it is not surprising that participants, particularly at their intake interviews, demonstrated some areas where additional clarity to the process could be of benefit.

Figure 5: Perception of Helpfulness



The average rating of the perception of helpfulness of those involved with the court at the initial interview was 5.8 out of 7 (very helpful/excellent) indicating that participants perceived a moderately high rating of helpfulness during the initial interview. During the concluding interview the average helpfulness rating increased to 7 out of 7, indicating a perceived perfect level of helpfulness. As the comments below indicate, however, there are a number of areas where improvements may be made, and as these participants only represent those who actually completed the entire court process, some caution should be applied in accepting these high rates of approval. Nevertheless, they do indicate some very positive features of the programme.

5.1 Community-Based Agency Support During Court Process

Agencies and individuals recalled by participants as the most helpful were CMHA, CLA, and the John Howard Society. All participants clearly stated that the most significant assistance was given by agencies which provided day to day support and reinforcement and not as a result of any intervention or treatment option. Keeping track of appointments and court dates, assistance with day to day tasks such as grocery shopping, job skills assistance, completion of necessary paper work, and general guidance for navigating the court processes were listed as the most helpful supports.

Particular mention was given to CMHA for assisting in organizing and coordinating the fulfillment of Community Service Orders, and with setting up the service placements as well as accompanying participants to their first day of placement. One participant also mentioned the assistance of the John Howard society as very helpful in securing a surety.

5.2 Legal Processes and Sault Ste. Marie MHC

The concern most frequently expressed by research participants was regarding the lack of clarity of the actual court process, and the perception of unclear and limited legal representation. Contact with police and the legal system, obtaining a surety, attending maintenance court appearances, addressing past offences and completing community service hours were also listed as concerns.

At the initial interviews, participants showed relatively low satisfaction with legal representation, due to a perceived lack of understanding and clarity of the process. Four individuals felt that there was a lack of clarity and guidance during the early stages of the court process, particularly in relation to their legal matters. Three of the participants were unable to identify their lawyers, and all of the study participants stated that they interacted with more than one lawyer as duty counsel. Two individuals also expressed that they had no contact with a legal representative at any point in the MHC process and were confused about the role of legal representatives in the process.

Two participants indicated specific concerns with their involvement with MHC. One related to prior charges, in that his/her current involvement with the MHC was as a result of breaching probationary conditions that were not related to MHC and a warning that incarceration might result from this breach. This participant indicated at the exit interview that this concern was mitigated due to the flexibility of the MHC, and s/he had been able to complete his/her conditions and successfully graduate from the MHC Program. The second individual expressed concern that MHC's expectations might not take into account limitations imposed by his/her physical and psychological illnesses. This participant feared failure in the program due to not being able to meet the conditions as set by the court. At the concluding interview, the participant indicated that this was no longer a concern as charges had been dropped, although s/he had failed to meet some conditions due to physical and psychological limitations. This individual also felt that the court should have been more flexible in accepting input from participants in regards to their treatment options.

Two participants reported that they found it stressful to deal with probation and police officers, although no specific occasions or details were provided. Two participants also stated that they were informed by their probation officers that incarceration was a likely outcome of the court process.

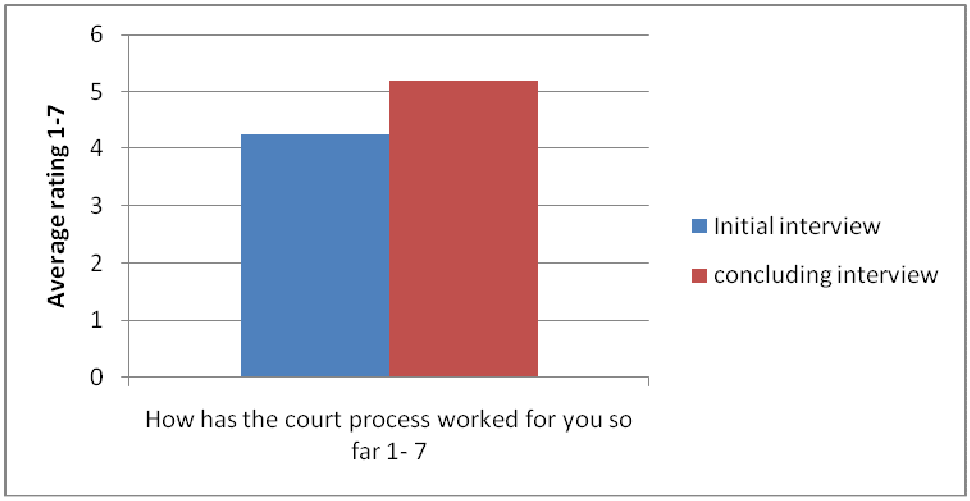
Although the time required to attend court was reported to be less when compared to the mainstream court, participants expressed a great deal of confusion as to why they were required to attend court in person on so many occasions, particularly when they were not spoken to directly. Some participants were confused as to why they would have to be at court if their matter was "put off", essentially if it was unlikely to be dealt with that day then it would have been less confusing and stressful to have been informed of that possibility. Most participants

stated that when they were in court they were also not dealt with directly and only through their duty counsel who they did not know or through the court worker. It is important to note that CMHA has indicated that the number and frequency of appearances usually corresponds with the amount of supervision required.

Two individuals felt that their CMHA court workers were an important part of clarifying the process by the end of their court experiences, which correlates with the increase in perception of how the court has worked so far. The majority of participants believed that the CMHA court workers specifically provided the most assistance with reducing concerns they may have had and providing guidance and preparation during the MHC process. The CMHA court workers were deemed to be very helpful in obtaining information from the court, clarifying legal matters, explaining the schedule and expectations of the court and when they had to appear.

Three of the study's participants claimed that they should not have gone to jail upon their initial arrest. They indicated that they had experienced a great deal of stress at being placed under arrest and taken to jail where they feared interaction with other inmates, as well as having others in jail know that they had mental health issues. Two participants believed that they were treated unfairly due to being known to have a mental health issue. One individual reported being arrested for "only yelling" when they were not properly taking their medication. S/he also stated that if a mental health worker or CMHA court worker had attended with the police at the time of arrest, then s/he would not have been charged at all.

Figure 6: Perception of Sault Ste. Marie MHC processes



Participants in the concluding interviews tended to focus their responses on the legal outcomes of their circumstances. One participant stated that the MHC option provided them with another chance to not get into trouble, whereas the mainstream court would have likely resulted in jail time. Two participants stated that this court experience helped them reflect on their lives; one stated that the court gave them "more chances, allowed me to reflect with someone to talk to about how I ended up in trouble and work things out," while another participant reflected that the whole experience was "an eye opener," while also claiming to still be nervous from having to go

through the process. Two other participants indicated that they were just relieved that their legal outcome turned out well with one's charges being dismissed, and the other stating that s/he was happy that the charges were not going to go on his/her record and cause further difficulty. Two participants stated that they felt that the MHC has functioned much more effectively than their past experiences in regular criminal court. They also stated that it was a much more relaxed process than other courts with which they have been involved.

All participants indicated that the most helpful aspects of the Sault Ste. Marie MHC remained consistent from the pre-court interview until post-court. Although their legal representation and court process as a whole continued to be somewhat confusing, participants indicated that they did obtain greater clarity regarding their legal situation due to good communication between their CMHA court workers and the court lawyers. It should be noted that all participants who completed the concluding interview also successfully 'graduated' from the MHC, reducing the concerns expressed earlier regarding high expectations.

5.3 Changes to Treatment Type and Access

During the initial interview only two participants indicated that they were currently in treatment. They reported that they had varying results with the treatment that they were undertaking, having an average rating of 5, slightly good, out of seven on the satisfaction scale (1-poor to 7-very good). At the concluding interview there was a marked increase in satisfaction with the MHC treatment program, as well as an increase in those attending their regular treatment. Although three individuals expressed high levels of satisfaction with treatment at the conclusion of their court experience, it should be noted that 1 individual expressed that the MHC was not helpful, as s/he was unable to participate in the treatment option offered by the court, and s/he was not offered treatment for an issue which had been self-identified.

The most common treatment concern identified by study participants was related to the administration of prescription medications. One individual felt s/he had no input on his/her medications and felt forced to take them, while another participant stated at the initial interview that s/he felt "out of the loop" in regards to medications and treatment. At the exit interviews, participants commented that the MHC did help connect all of the treatment programmes.

Four participants felt that one of the most important factors in making their treatment more effective was the increased assistance of CMHA court workers and the support of agencies when they became involved in the MHC program, although as earlier indicated only one participant indicated regularly attending treatment upon concluding their involvement with the MHC.

Participants listed DBT Lite as the only new treatment option made available through their involvement with the MHC, although participants did describe improved access to their current and usual means of treatments. Participants also noted an increase in communication between treatment and community agencies once they were enrolled in the MHC process.

One participant, who self-identified as having social phobia and severe anxiety, was required to attend group therapy (counseling) as a condition of her/his MHC-ordered community

placement. This individual also reported having English as his/her second language, a situation which did not appear to be considered at the time of the order. This participant felt that the lack of consideration of these factors were what contributed to s/he being failed from the program on two occasions, having to restart treatment and reappear before the Court. The participant stated that the lack of availability of a language- and culturally-appropriate program was a hindrance to his/her success.

At the exit interviews, participants continued to feel that the most helpful aspect of the MHC process was the assistance provided by the agencies that they dealt with on a regular basis, in daily activities. As one participant indicated "those who did help, helped a lot." Assistance by CMHA court workers with Ontario Works applications and disability paperwork was also listed as a key help. While treatment by a family doctor or psychiatrist was less accessible than the community agencies, there was an increase in the amount of coordinated support supplied by front line support agencies. One participant reported that s/he was "still seeing over 5 people for support", while another participant stated that the increased support made them feel more organized and that their lives felt "like everything is falling into place." One participant suggested that a change in support personnel during the court process was difficult, and it would have been more helpful for support personnel to remain consistent.

There appears to be a relatively consistent high level of satisfaction, although a majority of individuals during their concluding interviews claimed that they had use of fewer resources, such as access to doctors, psychiatrists, and treatment. This slightly higher level of satisfaction could be a correlation to the successful outcome of all participants when concluding the MHC process (i.e., charges dropped/dismissed, successful completion of court orders).

5.4 Impact on Sense of Self

At the initial interview, on average, participants indicated a positive sense of self, averaging 5.2 on a self rating scale from 1 – very negative, to 7 – very positive, feelings about self. At the concluding interview, after participation in the MHC program, participants' feelings of positive sense of self had slightly improved to an average of 5.4. out of a possible 7.

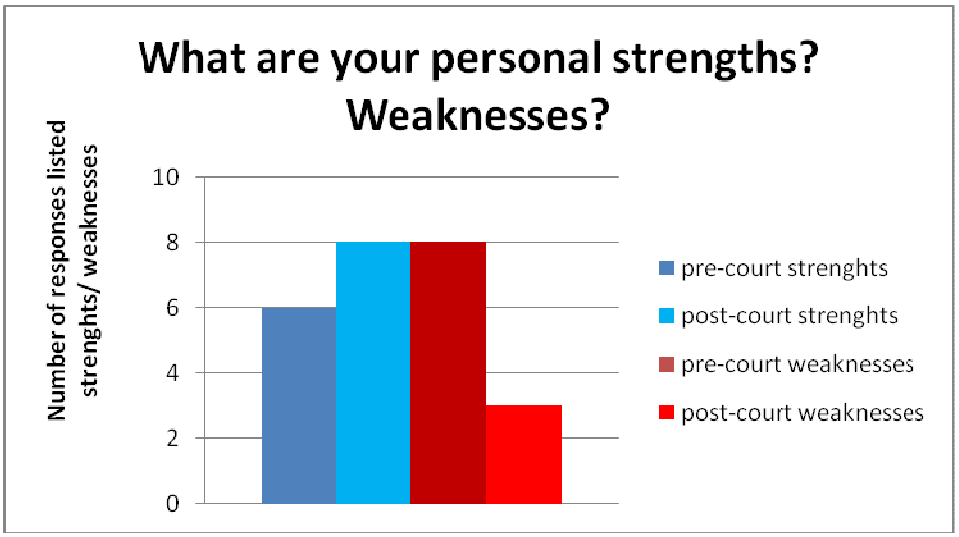
Figure 7: Impact of MHC on sense of self.

	Perception of satisfaction	**Average percentage of satisfaction**
Initial interview sense of self	**Total pre 26**	**avg 5.2**
Concluding interview sense of self	**Total post 27**	**avg 5.4**

When asked about the impact of their health on their feelings of self, physical symptoms such as a pre existing physical illness were commonly provided as reasons as to a lower rating on the scale.

Participants were also asked to report on their perceived strengths and weaknesses. There was a slight increase in the number of strengths that individuals were able to identify after having experienced the MHC program, as well as a decrease in the number of weaknesses identified during post court interviews.

Figure 8: Strengths and weaknesses



	Number of responses listed
Initial interview strengths	**6**
Concluding interview strengths	**8**
Initial interview weaknesses	**8**
Concluding interview weaknesses	**6**

At the initial interview, when asked to make a projection of their lives five years into the future, participants shared a general uncertainty. During the initial interview 1 individual was very negative, stating that s/he would likely be dead; another individual stated that it would be useless to guess about where s/he would be as his/her life was so unpredictable; and the remaining 3 had more positive views with hopes for increased participation in their family, less difficulties dealing with substance use, more independent living, and an improved work life.

At the concluding interview 1 participant was still uncertain about his/her future but overall participants were more optimistic. The most negative individual had improved his/her outlook to include expecting to become closer to family and experiencing an improved work life. Three participants were more specific in their projections by discussing solid plans for their future, such as getting married and buying a home, while one individual wanted to be in a position to help others with substance abuse.

When asked in the initial interview if "life is moving in the right direction, why or why not", 4 participants stated that their lives were moving in the right direction and most participants reflected on the positive choices that they were making for themselves. Specific life choices such as "staying out of trouble, making positive changes, and growing up a lot" were common responses for the positive direction that participants thought their life was taking. When asked the same question in the concluding interview, attention shifted from self choices to the support of others, such as A.A. sponsors and family and relationship support for being the reasons that things were moving in a positive direction.

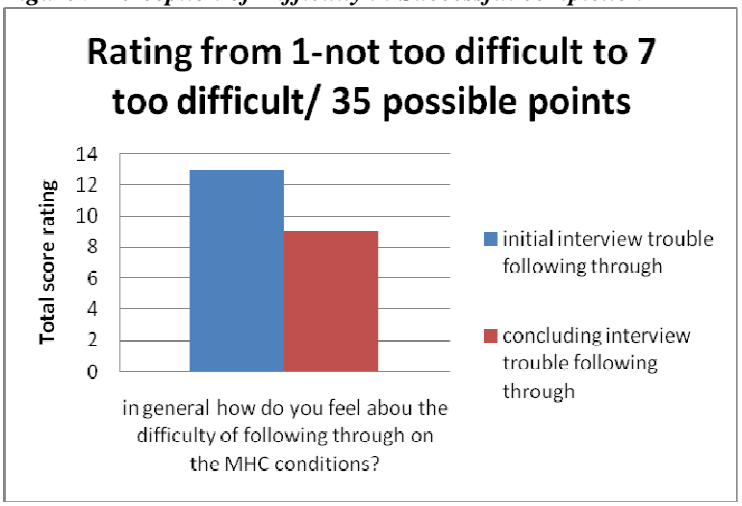
One participant felt that being involved in the MHC process had demonstrated that people do care, and another stated that it was not until the participant came into conflict with the law that other people had finally started to talk to him/her about mental health and addiction issues. At the concluding interview this participant described the experience as a positive influence in the direction of their life, especially through the support of friends in AA.

One individual felt, however, that the MHC process in general was "putting my life on hold" with the conditions required of them, having to take time off of work to comply with court-mandated requirements, and having to identify to others as mentally ill.

5.5 Barriers and Challenges to Success

When asked "in your opinion, are there any barriers that keep you from court?" two individuals answered affirmatively. One individual stated they were unable to go to court due to a busy work schedule and frequent reporting to the court. S/he further stated that the conditions of the court required them to report to the police weekly, do community service far from home, and attend court monthly and that this was not do-able due to little flexibility in their work schedule and no transportation. One individual also stated that s/he had mobility issues due to poor health and thus was unable to make all of the court dates and related appointments on time, which may have affected success in the MHC program.

Figure 9 Perception of Difficulty in Successful completion



Overall participants expressed feelings of relatively low levels of difficulty in following through on the MHC conditions. The average initial interview rating was 2.6 out of 7 (where 7 is

very difficult). There was however one participant who rated the level of difficulty at 7 out of 7, indicating a feeling that the court conditions were going to be too difficult to complete. This individual stated that this perception was due to the fact that s/he was both very physically and mentally ill. At the concluding interview, the participant indicated that if charges had not been dropped, it was unlikely that s/he would have graduated from the MHC program.

When asked during initial interviews "In general, do you believe that the MHC will benefit you?" there was a fairly high level of positive response with an average rating of 6 out of 7. Concluding interviews saw a relatively similar rating with an average rating of 6.2. Positive expectations towards the court process were thus met.

All of the participants stated that their most common means of transportation was public transit. Two individuals also stated that they felt that the bus system was safe and affordable, although they did state that they preferred getting rides from friends and family over taking the bus, especially in the winter months. Three individuals stated that they do take the bus and consider it safe, although they stated that they do not like the people on the bus.

One individual stated that s/he did not have safe transportation to and from court, due to the fact that s/he does not like having to be on the bus with other people and that s/he does sometimes drive although his/her vehicle is not safe.

6.0 PARTICIPANT RECOMMENDATIONS

While study participants gave the Sault Community Court a relatively high overall rating, they also offered a number of suggestions as to how the court process could be improved. These recommendations range from clarifying the court process itself, through to treatment options and to reducing the stigma surrounding mental illness. Several of the participant recommendations are supported by the literature, particularly those related to the development of public legal information materials on the court processes.

6.1. Clarifying the Sault Community Court's Processes

As outlined above, the greatest concern for participants was their lack of clarity and understanding of the court process, including understanding the role of their own legal representative versus the role of the Crown Attorney. One individual stated that "lawyers should put things in more basic terms so that I can understand." There is substantial literature on the topic of public legal information (e.g., Broad , 2002) which outlines best practices for the development of materials appropriate to the target population. Intermediaries and referral sources would also benefit from such materials.

It is recommended that public legal information materials regarding the process of the Sault Community Court, including the roles of the various court players, options for disposition of charges, and potential court options, be developed for use with individuals coming before the court, and that the CMHA and others be trained in the delivery of such information. Such information should be broadly available to the public to ensure that all potential service users might be referred to the program.

6.2 Increasing Awareness and Sensitivity to Mental Illness and Its Impact:

Participants felt that greater awareness and sensitivity to mental health issues by police officers could lead to fewer arrests, or alternatively, accompaniment of police officers by mental health workers would result in a de-escalation of situations involving persons with mental illnesses. Some participants feared being labeled as 'crazy', and suggested that the term "mental health court" not be used. The research demonstrates that the stigma attached to mental illness is still strong, and participants in this study reflected that the long campaign to end such biases still requires some effort.

To eliminate the misperceptions and biases surrounding mental illness, it is recommended that the agencies and organizations involved with the Sault Ste. Marie Community Court continue their collaboration in the education of persons involved with the criminal justice system.

Peer education has been recognized as a highly effective way of reducing the stigma attached to a variety of societal issues, including mental illness. Building more inclusive practices through the active involvement of 'graduates' of the program could also increase participant buy-in and may help address a variety of concerns raised by the participants.

It is recommended that 'graduates' of the program be recognized as Sault Ste.Marie Community Court 'alumni' and be provided opportunities to provide peer mentorship to current 'enrolees'.

6.3 Mandated Treatment Options

Several of the study participants felt that their specific needs could have been better met by a wider variety of treatment options, and one individual found that their language and cultural needs were ignored by the treatment selected by the court. Treatment options are of course limited by what is available in the community, but language and cultural appropriateness is key both to address participants' needs in a respectful manner, and to support their efforts to resolve issues created by their illnesses. A participant's suggestion that job skills training be included in treatment plans may also be appropriate and accessible. Possibly CMHA court workers, in collaboration with the individual coming before the court, could develop a list of appropriate and possible options, tailored to the individual's needs and capacities.

It is recommended that the MHC team explore the viability of individualized treatment plans being developed by the CMHA courtworker, and recommended to the court, similar to the concept of pre-sentence reports.

The literature review raises some important concerns regarding the 'queue-jumping' that may occur in treatment programs due to MHC mandated programs. This is of particular concern in a community such as Sault Ste. Marie which has chronic shortages of physicians as well as limited treatment options.

It is recommended that waiting lists and/or waiting times for services be monitored, and that a cost/benefit analysis be undertaken to assess the impact of the MHC on all individuals in the community who experience mental illness.

7.0 CONCLUSIONS:

This study provides very preliminary data on the Sault Ste. Marie Community Court, and as such, few conclusion can be drawn. It is clear from this study, and from the literature review contained herein, that further research, particularly longitudinal and comparative studies, would be highly beneficial. At the same time, these initial perspectives of some of the first participants in the program, can provide some guidance as to areas for potential improvement, and the most noticeable concern, the lack of clarity of the court process, can be readily addressed by the development of public legal education materials.

The literature review raises a number of concerns that a larger study could address, particularly issues related to 'queue-jumping' in treatment programs that may or may not occur; referral processes that may or may not privilege some individuals over others; and the socio-economic benefits (if any) of mental health courts. These are important factors in determining the value of these specialized courts, and further research to address these issues is crucial.

The consensus of the research participants was that the Sault Ste. Marie Community Court was and is an improvement in many ways over their previous experience with the 'mainstream' court processes. It is the hope of the research team that this experience continues well into the future.

Appendix A: CMHA Intake form

Date of birth (mm/dd/year): _____
Gender: Male ☐ Female ☐

Aboriginal origin:
☐ Yes ☐ No ☐ Unknown

Marital Status:
☐ Single ☐ Married/Common-law
☐ Separated/Divorced ☐ Other

Highest level of education: _____

Employment: ☐ F/T ☐ P/T ☐ Sporadic
☐ None ☐ Student ☐ Other

Prior MH hospitalizations:
☐ Yes ☐ No ☐ Unknown
If yes, total number of days_____
Has been in drug/alcohol treatment
☐ Yes ☐ No ☐ Unsure

Prior arrests: ☐ Yes ☐ No ☐ ?

If yes, # of criminal convictions to date: ___
If yes, types of offenses:_____
_____
_
Date of referral:
Referred by:
☐ MHC judge ☐ Police
☐ Corrections staff ☐ Probation
☐ CMHA ☐ Lawyer
☐ Duty Counsel
☐ Crown's office
☐ MH agency
☐ Friends/Family
☐ Self-referral
☐ Other _____

Person aware of referral:
☐ Yes ☐ No ☐ Unsure

Current involvement with other agencies:
☐ CMHA ☐ CMHP ☐ SAH ☐ IFC
☐ Other _____
Date arrest:

Offense Description:

Psychiatric diagnosis (if any; if multiple, please list):
_____
_____
__

Other illnesses (if any):
_____
_

Prescribed psychotropic medications: ☐ Yes ☐ No ☐ Unknown

Substance abuse problems: ☐ Yes ☐ No ☐ Unknown

Mental Health Treatment Services provided:
☐ Housing ☐ Vocational Training
☐ Transportation Services
☐ Crisis Service ☐ Support Groups
☐ Transitional care
☐ Substance abuse management
☐ Employment
☐ Group skills training ☐ Anger management ☐ Dual Diagnosis

Presenting Issues:
☐ Threat to others ☐ Attempted suicide
☐ Educational
☐ Physical/sex abuse ☐ Employment
☐ Housing
☐ Relationship ☐ Legal
☐ Financial
☐ Specific symptoms of serious mental illness
☐ Substance abuse/addictions
☐ Other_____

Appendix B

Sault Ste. Marie MHC Client Research Interview Topics and Prompts

Preamble

Just to remind you, we are working on a project with the Sault Ste. Marie MHC and are trying to learn more about what happens with the people involved with the court. In particular, we are trying to learn more about the ways that people who go to court deal with their experience at court and around the court process.

I will be taking notes as we go along. Again, however, I would like to emphasize that whatever you say is confidential and will only be used as part of group data. Your name or anything that might identify you will not be used. If at any point you feel uncomfortable, we can pause, skip over some particular point or stop altogether. Do you have any questions before we begin?

Client Interview Topics

****

Section 1
Treatment Past and Present

Treat: Yes/No If yes: when did you attend (dates)? _____

Where did you attend (program and/or therapist)? _____

How many sessions roughly did you attend? _____

What type of therapy was employed? _____

Current treat: Yes/no If yes, when did you begin?_____

Where do you attend (program and/or therapist)? _____

How many sessions roughly have you attended? _____

What type of therapy is employed? _____

Overall, what do you think about the people you have been working with because you have gone to (the MHC) court?

Has it been easier to access services since being involved with (the MHC) courts?

List people/agencies client has been working with….. [Can rate 1 to 7]
e.g. court worker, legal counsel, judge, crown, treatment providers

- **How helpful**

- **1 2 3 4 5 6 7**
-
- **1-not helpful 7- very helpful/excellent**

How satisfied

- **1 2 3 4 5 6 7**
-
- **1-not helpful 7- very helpful/excellent**

Prompts:

How many people are you seeing? How many workers/counselors? How many doctors? How many individuals from the legal system?
Who are you seeing right now?
Have they been assigned by worker, court, etc.?

****

Section 2
Social or community support

In general, how do you feel about your level of support (family, friends, institutions) that you have in place in your community at present?

-
-

- 1 2 3 4 5 6 7
-

1- no support at all 7 – as much support as needed

Prompts:

Do you have lots of family in the area? Are they helpful? Friends? Good or bad influence?
Do you attend church? Helpful? Other groups or community involvements?

****

Section 3
Sense of self

In general, how do you feel about yourself at present?

-
-

- 1 2 3 4 5 6 7
-

1- very negative (self as worthless) 7 – very positive

What are your personal strengths? Weaknesses? _____
_____

Where do you see yourself in five years? _____

How do you see the future for you? _____

Is life moving in the right direction? Why or why not?

****

Section 4
MHC program

Prompts:
What, if anything, do you think could be done to reduce these concerns you mentioned?
How was the concern or anxiety alleviated by someone they met?
[How did …… handle [concern, anxiety]? How effective were these measures?]
What kind preparation did you have, are you doing to prepare for court, being done with court/worker/doctor mandated conditions,
What about time pressure: Have you ever had concerns and/or felt pressured about the time you have to complete tasks?
In your opinion, how has the court process worked for you so far? [Can rate 1 to 7]

- Court Process

1 2 3 4 5 6 7

1-not helpful 7- very helpful/excellent

Additional Comments:

Do you have any immediate concerns? Yes No

What might they be? _____

In your opinion, how effective has the treatment program you have been in helping you? [Can rate 1 to 7]

- Treatment Effectiveness

1 2 3 4 5 6 7

1-poor 7-very good

Additional Comments:

Do you have safe transportation to and from court? Yes No

-
- Additional Comments:
-

What recommendations would you make to improve the court program?

In your opinion, are there any barriers that keep you from court?

- Yes-1 No-2
-
- Additional Comments:

In general, how do you feel about the difficulty of following through on the MHC conditions?
[Can rate 1 to 7]

-
- Level of difficulty
-

1	2	3	4	5	6	7

-
- 1-not too difficult 7 too difficult
-
-

In general, do you believe that the MHC will benefit you?
[Can rate 1 to 7]

-

1	2	3	4	5	6	7

-
- 1-not at all 7 quite a bit

Thank you very much for your time. Are there any things that you feel we did not cover that you think are important for us to know about in trying to understand more about the MHC and the kinds of things that go on there?

References

Behnken, M. P., Arredondo, D. E., & Packman, W. L. (2009). Reduction in recidivism in a juvenile mental health court: A pre- and post-treatment outcome study. Juvenile and Family Court Journal, 60, 23-44.

Boothroyd, R. A., Poythress, N. G., MacGaha, A., & Petrila, J. (2003). The Broward Mental Health Court: Process, outcomes, and service utilization. International Journal of Law and Psychiatry, 26, 55-71.

Broad, G. (2002) *Know More: An Assessment of the Impact of Public Legal Education (PLEI) on Individuals and the Community.* Ottawa: Department of Justice Canada, Research and Statistics Branch. Research Report.

Campbell, D. T., & Stanley, J. C. (1963). Experimental and quasi-experimental designs for research. Chicago: Rand McNally.

Ferguson, A., Hornby, H., & Zeller, D. (2006). Outcomes from the last frontier: An evaluation of the Anchorage Mental Health Court. South Portland: Author.

Horley, J. (1996). Content stability in the repertory grid: An examination using a forensic sample. International Journal of Offender Therapy and Comparative Criminology, 40, 26-31.

Horley, J. & Broad, G. (2010). "Mental Health Courts and minorities: A cautionary tale". Invited plenary session at "Mental health services for visible minority groups: Contextual priorities and community support" Conference Toronto, November.

Horley, J., Kellar, C., Broad, G., & Weir, W. (2010). *Mental health courts in Canada: An example from Northern Ontario*. Paper presented at "Thriving in 2010 and beyond: A national conference on mental health in Canada". London, Canada, October.

Keller, C. (February, 2011) *Personal communication with R. Rawn.*

Moore, M. E., & Hiday, V. A. (2006). Mental health court outcomes: A comparison of re-arrest and re-arrest severity between mental health court and traditional court participants. Law and Human Behavior, 30, 659-674.

Orford, J. (1992). Community psychology: Theory and practice. Toronto: Wiley & Sons.

Rawn, R. (2010). Paper presented at "Mental Health Court: Northern Grown" conference. Sault Ste. Marie, November.

Schneider, D. C., Bloom, H., & Heerema, M. (2007). Mental health courts: Decriminalizing the mentally ill, Toronto: Irwin Law.

Scott, R. (2009). The function of the assisting psychiatrists in the Queensland Mental Health Court. Psychiatry, Psychology, and Law, 16, 7-15.

Sirotich, F. (in press). The criminal justice outcomes of jail diversion programs for persons with mental illness: A review of the evidence. Journal of the American Academy of Psychiatry and Law.

Sly, K. A., Sharples, J., Lewin, T. J., & Bench, C. J. (2009). Court outcomes for clients referred to a community mental health court liaison service. International Journal of Law and Psychiatry, 32, 92-100.