Youth with Mental Health Needs – The Potential of Mental Health Courts and Court Mental Health Liaisons

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Mental Health Courts

A means of **diverting or reducing** criminal justice involvement of persons with mental health issues since the early 1990s

Operate under principle of **therapeutic jurisprudence**

Various MHC models exist, but generally have common features:

- special court room/docket; non-adversarial process
- dedicated MHC team that includes mental health and legal staff
- pre-conference case discussions with the team – supervision and progress updates; access to mental health and community services
- use of sanctions for non-compliance – therapeutically driven

Most of what is known about the effect of MHC comes from the **U.S.**
**Known Mental Health Court Outcomes**

Relative traditional court cases, MHC cases tend to have:

- ↓ time spent in jail (McNeil & Binder, 2007) & increase time before re-offence (McNeil & Binder, 2007)
- ↓ recidivism/# of arrests (Burns et al., 2013; Herinckx et al., 2005; Moore & Hiday, 2006)

↑ access to, and more stable use of, mental health services
(Boothoyd et al., 2002; Luskin, 2013)

Inconsistent change in mental health symptoms, but enhanced recovery indicators (Campbell et al., under review)
- improved independent functioning & decreased substance use (Campbell et al., 2011; Cosden et al., 2003)

Gains are enhanced with full dosage of MHC context
(Burns et al., 2013; Campbell et al., under review)
Public Perception of MHCs

McDougall et al. (2013) – Intern. J. of Forensic Mental Health

• Survey of general public and professional groups about attitudes towards mental health courts:
  • Very few people had ever heard of MHCs
  • When provided info about them, the majority of respondents have positive attitudes about them
  • % reported that they would support an increase in taxes to have one in their community!
  • More positive attitudes were predicted by having been exposed to education about mental health topics, experience working with mental health populations, and more positive attitudes about persons with mental illness in general.
**Cost-Benefits of MHCs**

- **Process cost-benefits**
  - Often longer involvement than traditional court community supervision options, but tradeoff is better service access and reduced recidivism relative to non-completers and non-MHC controls
  - Concerns with perceived “coercion”

- **Financial cost-benefits**
  - Difficult to estimate
    - Savings vs. shifting of costs for greater benefit?
What might make MHCs more effective?

Risk
- Who to target

Need
- What to target

Responsivity
- How to target

See Andrews & Bonta (2010)
- Intensive risk management & supervision
- Intervention should target all criminogenic needs
- Use empirically-supported methods

HIGH Criminal Risk & Need
- Intensive mental health intervention & case management
- Use empirically-supported methods

LOW Criminal Risk & Needs
- Minimal to no criminogenic intervention

HIGH Mental Health Need

LOW Mental Health Need
- Minimal to no mental health intervention required

FLEXIBLE & INDIVIDUALIZED CASE PLANNING
Relevance of MHCs to Youth

- Emerging mental health issues
- High rate of mental health issues among adolescent offender populations
**Youth MHC Models**

- As with their adult counterparts:
  - Focus on **treatment** rather than punishment
  - Intensive case management and supervision
- **Collaboration** between the courts, probation officers, prosecutors, public defenders, mental health workers, and civil advocates.
  - Team meetings
  - Multidisciplinary collaboration
- Goal is to **divert** mentally ill youth from correctional institutions to community-based mental health services.
Effectiveness of MHCs for Youth

• Little available data, especially from Canada
• The Court for the Individualized Treatment of Adolescents, Santa Clara, California (Price Behnken, 2008)
  • In program for longer than traditional youth court cases
  • Reduced number of new offences

• Multidimensional Outcomes Needed:
  • Mental health recovery indicators
  • Access and utilization of community/MH services
  • Impact on criminal behaviour, risk reduction, custody time, court involvement
ALTERNATIVES TO YOUTH MHC

• Mental Health Service Court Liaisons or Workers (models used in Halifax and Ottawa)
  • Consultation to the court
  • Facilitate access to services
  • Short-term/bridging intervention
  • Support families of youth

• Integrated service delivery to which Courts and Correctional Services are part of case planning
Bottom line ➔ it’s a team effort!
Coordination of services and professionals is the key

Thank You!