

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

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Youth, Mental Health and the Criminal Justice System
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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 being 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?



See Andrews & Bonta (2010)

FLEXIBLE & INDIVIDUALIZED CASE PLANNING

- Intensive risk management & supervision
- Intervention should target all criminogenic needs
- Use empirically-supported methods

- Intensive mental health intervention & case management
- Use empirically-supported methods

**HIGH
Criminal
Risk
& Need**

**HIGH
Mental
Health
Need**

Moderate

Moderate

**LOW
Criminal
Risk &
Needs**

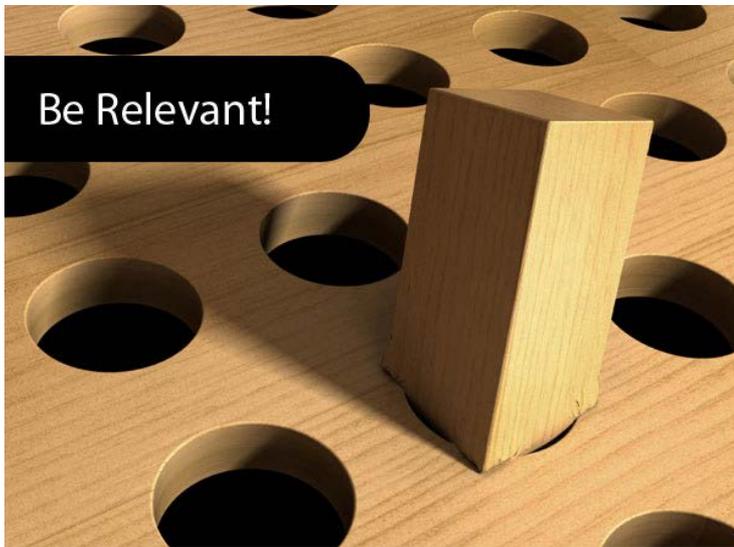
**LOW
Mental
Health
Need**

- Low intensity supervision & risk management
- Minimal to no criminogenic intervention

- Minimal to no mental health intervention required



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!