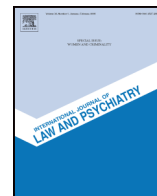




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## A theoretical evaluation of a youth mental health court program model☆

Krista M. Davis<sup>a</sup>, Michele Peterson-Badali<sup>b,\*</sup>, Tracey A. Skilling<sup>c</sup><sup>a</sup> Department of Psychology, York University, 4700 Keele Street, Toronto M3J 1P3, Ontario, Canada<sup>b</sup> Department of Applied Psychology and Human Development, OISE, University of Toronto, 252 Bloor Street West, Toronto M5S 1V6, Ontario, Canada<sup>c</sup> Centre for Addiction and Mental Health, 80 Workman Way, Toronto, Ontario M6J 1H4, Canada

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## ABSTRACT

Mental health courts are a promising new approach to addressing the overrepresentation of mental health needs among offender populations, yet little is known about how they facilitate change, particularly for youth. The current study reports on a process evaluation of a youth mental health court in Toronto, Canada. Drawing upon observations of the court and interviews with key informants, we developed a program model of the court and explored its implementation within the context of empirical evidence for treating justice-involved youth. Findings revealed that the proposed mechanism of change, which focuses on reducing recidivism through the treatment of mental health needs, should also consider factors directly related to offending behavior. Findings further highlight several strengths of the program, including the program's supportive environment and ability to engage and link youth and families with treatment. Areas for continued growth include the need for comprehensive protections of legal rights.

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## 1. Introduction

Research has consistently shown that young people with mental health needs are overrepresented in the criminal justice system (Gretton & Clift, 2011; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Ulzen & Hamilton, 1998; Wasserman, McReynolds, Schwalbe, Keating & Jones, 2010). Mental health courts, which are designed to divert defendants with mental illness into community treatment programs, represent one recent approach to addressing this problem (Schneider, Bloom, & Hereema, 2007). Although research on youth mental health courts is sparse, studies of adult mental health court defendants demonstrate an increase in treatment service usage (Boothroyd, Poythress, McGaha, & Petrila, 2003) and lower recidivism rates (Dirks-Linhorst & Linhorst, 2012; Frailing, 2010; Hiday, Wales, & Ray, 2013; McNiel & Binder, 2007; Moore & Hiday, 2006; Steadman, Redlich, Callahan, Robbins, & Vesselinov, 2011) compared to defendants with mental health needs who are processed through traditional courts. While these findings are promising, further research is needed to better understand the mechanisms of change responsible for reducing recidivism and importantly, such research must also be conducted with youth.

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\* Corresponding author. Tel.: +1 416 978 0937.

E-mail addresses: krista16@yorku.ca (K.M. Davis), m.petersonbadali@utoronto.ca (M. Peterson-Badali), tracey.skilling@camh.ca (T.A. Skilling).

## 1.1. The relationship between mental health problems and justice system involvement

Researchers exploring the mechanisms of change in adult mental health courts have highlighted the importance of procedural justice and therapeutic jurisprudence (e.g., respect, autonomy, voluntariness) as important factors in reducing recidivism (Ray, Dollar & Thames, 2011; Redlich & Han, 2014; Wales, Hiday, & Ray, 2010). The mechanisms of change in youth mental health courts, however, have yet to be researched. Such research is particularly important given the differences between mental health court programs for youth and adults (e.g., different governing legislation), as well as differences between the youth and adult mental health court populations that have implications for the goals, focus, and operations of these courts. For example, youth are more vulnerable due to their lack of cognitive and social maturity (Cauffman & Steinberg, 2000) and adult mental health court populations have a relatively higher proportion of psychotic disorders (Steadman et al., 2011) than youth mental health court populations (see Davis, Peterson-Badali, Weagant & Skilling, 2014). As a result, change mechanisms that have been identified in adult programs may not generalize to youth programs.

Given the lack of knowledge regarding the mechanism through which youth mental health court involvement produces change, it is useful to look more broadly at the relationship between mental health and criminal behavior and how this relates to treatment programming. Many criminal justice programs for offenders with mental illness rest on the assumption that treating psychiatric symptoms will reduce criminal justice involvement (Abrantes, Hoffmann, & Anton, 2005; Dembo, Schmeidler, Pacheco, Cooper & Williams, 1998). Evidence of a causal

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association between mental illness and criminal behavior, however, is sparse (Skeem, Manchak, & Peterson, 2011). For the majority of offenders, criminal behavior is not directly related to mental illness and treatment programs targeted at reducing mental illness among adult offenders have not been found to reduce recidivism (Calsyn, Yonker, Lemming, Morse, & Klinkenberg, 2005; Chandler & Spicer, 2006). These findings suggest that treating mental illness may be important for improving mental health symptomatology, but may not be sufficient for reducing recidivism.

In contrast, rehabilitative models based on correctional psychology theory and research (e.g., the Risk–Need–Responsivity (RNR) framework; Andrews, Bonta & Hoge, 1990) focus on reducing recidivism by addressing factors that are strong predictors of criminal behavior and amenable to change (i.e., ‘criminogenic needs’; Andrews & Bonta, 2010). In youth, these include, for example, family functioning, delinquent peer groups, and antisocial attitudes, as well as several variables related to mental health functioning (e.g., substance abuse, impulsivity; Hoge & Andrews, 2002). Other areas of mental health (e.g., mood concerns, trauma) are generally considered ‘specific responsivity’ factors: those that, while not strong direct predictors of offending, impact the effectiveness with which criminogenic needs can be addressed (Bonta, 1995). Although the RNR model helps to identify specific targets for intervention to reduce recidivism, there are fewer guidelines for how to treat areas of mental health not directly related to risk to reoffend.

Treatment of mental health or criminogenic needs in isolation may not be optimal for improving the well-being of justice-involved individuals with mental health needs. Results of a recent meta-analysis indicate that treatment addressing *both* the mental health and criminal needs of adult offenders had the largest effect on psychiatric functioning and recidivism compared to treatments that targeted mental health only (Morgan et al., 2012). Taken together, these findings are important to consider for mental health court treatment and programming.

### 1.1.1. Mental health courts, rights, and criminal justice principles

Mental health courts must not only consider how their programs achieve change, but how to do so while adhering to legislative and constitutional requirements, including individuals’ due process and privacy rights. Mental health courts typically operate as resolution courts and therefore require an admission of responsibility as a criterion for participation. Concerns have been raised in the literature regarding: the protection of defendants’ due process rights, whether mental health court programs are truly voluntary, whether defendants fully understand the court process, the potential for disproportionate time spent under the supervision of the court relative to offense severity, and the need for increased protections for privacy of treatment-related information (e.g., Redlich, 2005; Seltzer, 2005). These issues may be particularly concerning for youth given the increased vulnerability that stems from their lack of cognitive and social maturity.

### 1.1.2. The present study

While there is plenty of research on the design, implementation, and functioning of mental health courts for adults (Frailing, 2011; McNeil & Binder, 2010; Petrila, Poythress, McGaha, & Boothroyd, 2001; Redlich, Steadman, Monahan, Petrila, & Griffin, 2005; Schneider, 2010; Slinger & Roesch, 2010), there has been a dearth of such research on mental health courts for youth. Evaluation research is needed to outline *how* such programs for youth achieve change (i.e., process) in order to better understand their impact (i.e., outcomes). Process evaluations can provide important information about program functioning and program components responsible for change (Steadman, 2005). Such evaluations typically include a review of the program model and program implementation (Rossi & Devaney, 1997) using data gathered from qualitative and quantitative methods (Centers for Disease Control [CDC], 1999).

In accordance with this approach, the first goal of this study was to identify and evaluate the program theory of a recently established mental health court for youth in Toronto, Canada.<sup>1</sup> This included the development of a logic model, which provides a visual representation of the program’s functions and rationale for expected outcomes (Brouelle & Champagne, 2011). Articulation of a logic model allowed us to address the second objective of the study: an analysis of how the program theory fits with existing research – in this case, on what is known about best practice for treating justice-involved youth with mental health needs – as well as with criminal justice and privacy principles. To address these objectives, we reviewed the court’s published documentation, examined the knowledge, perceptions, and experiences of those involved in the court, and observed the court’s operations.<sup>2</sup> Although the study examined one particular court, it represents an important contribution to the meager evidence base for a practice that is gaining popularity (Dirks-Linhorst & Linhorst, 2012; Slinger & Roesch, 2010) throughout North America. In addition, while anecdotal evidence indicates that youth mental health courts vary in their models and operations, there are common – and critical – underlying assumptions to the mental health court model (e.g., the contribution of mental health factors to offending) that require study.

## 2. Method

### 2.1. Participants

Participants for the current study were comprised of two groups: service users (i.e., youth and parents who participated in the court) and key informants (i.e., prosecutors, defense counsel, duty counsel [government lawyers who provide limited legal services to those without legal representation], judges, youth mental health court worker, and treatment providers involved with the court).

Youth ( $N = 58$ ) who completed their court requirements within the mental health court during the year of data collection (September 2012–August 2013) were invited for an interview. Of those, 34 adolescent service-users (23 males and 11 females) and 11 independent parents (i.e., not two parents of the same child; 4 males and 7 females) participated in the study. Pairwise comparisons revealed that the youth who participated did not differ from youth who did not participate in terms of gender, motivation level, previous number of diagnoses, and number of criminal charges (see Table 1 for an overview of youth characteristics). The average age of parents who participated was 51.82 ( $SD = 8.39$ ). In terms of education level, three parents were high school graduates, two had some university or college education, five were university or college graduates, and one had post-graduate education. Comparison data on parents who did not agree to participate was not available.

A total of 42 key informants were invited for interviews, of these, 30 (13 males and 17 females) consented to be interviewed. Key informants were comprised of the core mental health court team (i.e., judges, duty counsel lawyers, and crown attorneys, and a single youth mental health court worker), as well as defense counsel and community treatment

<sup>1</sup> The court sees young people charged with an offense who present with a major mental health or substance use problem and wish to resolve their charges. Its goals are to improve access to community treatment services, reduce case processing time, improve general well-being, reduce recidivism, and increase community safety. Following referral to the mental health court by court personnel (e.g., the young person’s lawyer, the prosecutor, or a judge), a youth undergoes mental health screening to determine eligibility for the court. Members of the mental health court team, which consists of a dedicated prosecutor and youth mental health (social) worker as well as the young person’s lawyer, collaborate to develop a treatment plan for the youth within the community, which is approved by the judge who oversees the court. Once the youth has made significant progress in treatment the prosecutor recommends an appropriate disposition (e.g., withdrawal of charge, stayed charge, sentence).

<sup>2</sup> This study was part of a larger process evaluation that described how the court operates and examined predictors of successful court completion as well as how the court addresses the mental health and criminogenic needs of clients (Davis et al., 2014).

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