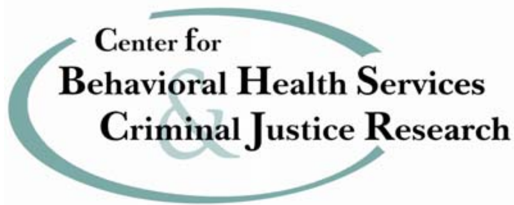

Intervention Fact Sheet
Mental Health Courts

The Center

The **Center for Behavioral Health Services & Criminal Justice Research**, a research center funded by the National Institute of Mental Health, seeks to improve the availability and effectiveness of services for individuals with mental illnesses who are involved in the criminal justice system. The Center assesses the strength and reliability of research evidence on interventions designed to engage, treat, and assist those with mental illnesses within the justice system with the goal of increasing their ability to return to full and productive lives in the community. This Fact Sheet focuses on the current research evidence exploring the effectiveness of **mental health courts**. Fact Sheets on other interventions can be found on the Center's website at **www.cbhs-cjr.rutgers.edu**.

Mental Health Courts

Mental health courts (MHC) are an increasingly used diversion intervention designed to provide defendants with mental health services in lieu of incarceration. Arrested individuals suspected of having a mental illness are given the option of avoiding incarceration by agreeing to participate in a MHC. By choosing treatment via participation in a MHC, they may forgo criminal processing altogether or undergo criminal processing but forgo sentencing. Characteristics that define MHCs include: (1) a specialized docket of cases, in which defendants are expected to have a mental illness; (2) collaborative and non-adversarial team comprised of a judge, prosecuting and defense attorneys, and a mental health representative; (3) a link to a local mental health system; and (4) some form of compliance monitoring, with sanctions for noncompliance.[1]

There are over 170 MHCs in operation throughout the United States, and many more are under consideration for implementation in other localities. The appeal and diffusion of these specialty courts is being encouraged by favorable reports in both the professional and popular press, as well as by targeted federal funding. Although there are numerous descriptive accounts and anecdotal assessments of the positive impact of MHCs, little reliable *research* has been done to assess the impact of MHCs on the behavioral health, criminal justice, or employment futures of those who have participated in MHCs.

Does Research Indicate Positive Outcomes for Mental Health Courts?

This Fact Sheet looks at the available research to assess what is currently known and not known about MHCs. It is designed to help policymakers, practitioners, administrators, and advocates make sense of the evidence as they consider whether to adopt a MHC and how to appropriately use MHCs for individuals with varying characteristics.

Current Research

A recent review of diversion interventions found five published evaluations of MHCs that used either experimental or non-experimental designs, and a sixth study of a MHC combined with an assertive community treatment (ACT) program, using a randomized design. Three of the six articles reported results from a single MHC located in Broward County (FL).[1] All together, four unique MHCs were assessed in these studies. The courts themselves, while MCTs, differed from one another with regard to: staffing, procedures, length and type of services, and eligibility criteria. These differences create an "apples and oranges" problem which makes it difficult to aggregate the results across studies. Combining results is further complicated by the fact that the MHCs studied were situated in communities with unique behavioral health services, legal systems, and social characteristics, each of which fosters or hinders the court's effectiveness. Evaluation methods also varied across the studies, particularly in how the comparison group was designed for each study.

What these studies share in common is their focus on both behavioral health and criminal justice outcomes, although the outcomes are measured somewhat differently. Most of the differences in outcomes between people in the MHCs and their comparison group were not significant. That is, there was no reliable difference in outcomes between defendants participating in MHCs and those participating in regular courts, with a few notable exceptions:

- With regard to *clinical outcomes*, one study found MHC clients had better treatment engagement outcomes,[2] although none of the traditional MHC studies have found a reduction in symptoms;[3]
- With regard to *criminal justice outcomes*, at least one study has found that MHC clients: spent fewer days in jail for their initial offense[4] and had fewer bookings/re-arrests;[5] had a longer delay

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- before being charged with new crimes;[6] and were less likely to have new criminal charges if they completed the MHC intervention.[5,6]
- When mandated treatment was delivered with ACT program supports, psychosocial functioning improved, although MHC clients were equally likely to be booked and jailed but less likely to be convicted of a new crime.[7]

It is important to note that differences in criminal justice outcomes were strongly associated with a full, rather than partial or non-compliant, dose of the mandated mental health treatment.[5,6] While MHC judges can order treatment, compliance is not assured. In one study, nearly half of all MHC clients were not engaged in mental health treatment following participation in the MHC and another 30% had been active in treatment prior to involvement with the court.[3] Judges can only mandate treatment; they have no control over the type, nature, or quality of treatment received for those complying with the court's treatment requirements. For this reason, clinical outcomes are outside the court's control.

Limitations of Current Research

Because MHCs are complex interventions operating in diverse environments, it is difficult for researchers to control for many of the factors believed to contribute to outcomes.[8] No randomized controlled trials of MHCs (without ACT) have been conducted. The evidence that currently exists is based on small numbers of MHC clients (n=82-170), non-equivalent comparison groups, and short follow-up periods (six months or less). Moreover, the dockets of the courts studied thus far have had many types of clients with different mental illnesses (some serious, some undiagnosed) and varying prior involvements with mental health treatment, criminal histories, and current charges. Thus, despite the strong anecdotal support and preliminary evidence in support of MHCs, more definitive research into the overall effectiveness of MHCs is urgently needed.

Future Research Needs

Research cannot yet indicate whether or to what extent positive outcomes are associated with specific individual or system characteristics, such as the degree to which clients participate in mandated treatments, the level of staff or client motivation, the availability and quality of the mandated mental health services provided, the personality of the judge or treatment personnel, the availability and effectiveness of local drug treatment programs, and other key characteristics of clients' community experiences (such as employment). Further, the field needs to know more about the performance of MHCs relative to case management models (e.g., Critical Time Intervention) with or without prosecutor or probation supervision and other pre-adjudication interventions. The cost-effectiveness of MHCs remains untested. Perhaps even more fundamentally, issues of competency to consent to participate in MHCs and the relinquishment of due process are being strongly debated by legal scholars and advocates.[9]

Moving Forward

Research does not yet unequivocally support the proposition that MHCs have substantial positive impacts on either behavioral health or criminal justice outcomes. At best, the field can expect varying results from MHCs due to the unique qualities of both local criminal justice and behavioral health systems. Outcomes from a MHC also can be expected to vary with client characteristics, especially regarding the co-occurrence of substance abuse and homelessness. Further, even if there was unequivocal positive support for MHCs compared to traditional courts, this would not mean that MHCs are the "best" diversion intervention. Other diversion interventions, such as pre-arrest diversion or case management models might yield better outcomes at the same or lower cost. This too requires future research if evidence is to inform decisions about what diversion intervention works best for which groups of justice-involved persons with mental illnesses at the lowest cost.

For more information on MHCs, visit the Bazelon Center for Mental Health Law (www.bazelon.org) and Criminal Justice/Mental Health Consensus Project (www. consensusproject.org).

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