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The Impact of a Mental Health Court on Participants: The Professional's Perspective

By

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

People with mental illness do not receive the services they need while incarcerated. This leads to a revolving door where mentally ill inmates are released from custody no better off than they were when they went in and they frequently reoffend, putting them back in the criminal justice system. One alternative to the traditional criminal courts is mental health courts, diversion programs that steer offenders away from incarceration. They seek to reduce recidivism by connecting mentally ill offenders with community services and bettering the lives of the participants. This research examined one specific mental health court. Interviews were conducted with various professionals working at the court to determine the impact of this program on participants. There were many major findings from this research. First, the professionals felt there were many benefits for participants that come from participation in the mental health court. Second, the professionals felt the community benefited from increased safety and reduced recidivism. Third, the professionals thought that the biggest challenge for participants in the mental health court was the amount of work involved in participation. Finally, the professionals felt that the mental health court would benefit from increased resources.

Keywords: mentally ill, offenders, recidivism, mental health court, diversion, incarceration

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Incarceration and the Mentally Ill

In 2009, approximately 13.7 million arrests were made in the United States (Federal Bureau of Investigation, 2010). It is estimated that 16% of the 13.7 million were people experiencing current acute symptoms of serious mental illness when admitted to jail (Steadman, Osher, Robbins, Case, & Samuels, 2009). Using a broader guideline, the Bureau of Justice Statistics (2006) reported that by midyear 2005 more than half of all prison and jail inmates had a mental health problem. The staggering number of inmates with mental illness has led some people to refer to jails as America's new mental hospitals, because on any given day, there are twice as many people with mental illness in jails than there are in public psychiatric hospitals (Torrey, 1995).

Jails and prisons are less than ideal settings for people with mental illness. Correctional facilities have been established to protect society and to mete out punishment, therefore, there is a heavy emphasis on maintaining security and not on creating a therapeutic milieu (Lamb & Weinberger, 2011). The poor quality of mental health treatment and the lack of proper staffing often lead to mentally ill offenders being kept in isolation so that they cannot harm anyone, thus exacerbating their mental illness (Schaefer & Stefancic, 2003). Mentally ill offenders can also have a negative impact on the correctional facility and on the inmate population. As compared to non-mentally ill inmates, mentally ill inmates are more likely to be harmful to themselves, to other inmates, and to correctional staff (Schaefer & Stefancic, 2003).

The negative impact of incarcerating mentally ill people extends beyond the inmates themselves and the institutions they are held in. According to the Center for Economic and Policy Research (2010) federal, state, and local governments spent about \$75 billion on corrections in 2008, the large majority of which was spent on incarceration. One study

conducted in California estimated the costs of the seriously mentally ill on corrections, law enforcement, and the courts (Izumi, Hayward, & Schiller, 1996). They found that the total fiscal impact of the mentally ill ranged somewhere between \$1.2 billion and \$1.8 billion.

The problem of the mentally ill cycling in and out of the criminal justice system also affects social workers. Mentally ill offenders can be seen in a variety of settings where they will come in contact with social workers so it is critical to identify a treatment philosophy that strikes a balance between individual rights and public safety (Lamb, Weinberger, & Gross, 1999). Community treatment for mentally ill offenders has become increasingly important as the numbers of people with mental illness in the criminal justice system increases and social workers are a critical part of that community treatment.

One potential solution to the problem of mentally ill people in jail and prison is mental health courts. Mental health courts began being used as an alternative to incarceration after the widespread adoption of drug courts in the United States during the 1990s (Wolff & Pogorzelski, 2005). The popularity of mental health courts grew even more rapidly after the enactment of the America's Law Enforcement and Mental Health Project in 2000, which allocated federal funding for their creation (114 Stat 2399 (2000)). Additionally, the New Freedom Commission on Mental Health, Subcommittee on Criminal Justice (2004) recommended jail diversion programs such as mental health courts as a way to connect justice-involved people with serious mental illness to comprehensive and effective community-based mental health treatment (Hughes, Steadman, Case, Griffin, & Leff, 2012). The increase in the number of jail diversion programs for mentally ill offenders has been dramatic. From 52 programs in 1992, there are now approximately 560 programs operating across 47 states (National GAINS Center, 2008).

Mental health courts are specialty criminal courts that mandate and monitor community treatment with the aim of increasing public safety and bettering the lives of offenders with mental illness (Redlich, Steadman, Monahan, Robbins, & Petrila, 2006). Participants are diverted from the criminal justice system, either from being charged or being incarcerated, into community mental and substance abuse treatment (Redlich, Hoover, Summers, & Steadman, 2010). The goals of mental health courts are accomplished by using separate criminal court dockets for persons with mental illness, directing persons with mental illness into community treatment, supervising participants in the community to ensure they meet court-ordered requirements, sanctioning participants for noncompliance and offering incentives for compliance, and voluntary participation (Redlich et al., 2006).

The mental health court examined for this research began in May of 2005. Like other mental health courts it was created when it became increasingly clear that people with mental illness and co-occurring mental illness and substance abuse disorders needed more specialized and individualized jurisprudential approaches (Minnesota Judicial Branch, 2012). This court directs eligible defendants with mental health disorders from the criminal justice system to community-based mental health, substance abuse and support services.

This research will broadly examine mental health courts and one specific court in more detail. The research question will be: What impact does a mental health court have on participants according to the professionals working there? The question will be answered by conducting interviews with various professionals who work at the examined court.

Literature Review

This literature review will examine mental health courts from many different angles. First will be a brief history of mental health courts including rationale for their creation. Next will be a definition of mental health courts and their characteristics. Third, there will be information about the sanctions available to mental health courts for noncompliance. Next, there will be a discussion of outcomes of mental health courts including recidivism, time spent in jail, the cost of diversion, the time that the diversion process takes, long term success and quality of treatment. Fifth, literature discussing the connection between mental illness and substance abuse will be explored. Sixth, information will be presented regarding the problems with incarcerating the mentally ill including the poor quality of mental health services in jails and prisons, the negative impact mentally ill offenders have on jails and prisons, the lack of after care services, and the longer sentences for mentally ill inmates. Finally, information about the specific mental health court examined will be provided.

History of Mental Health Courts

Extensive information was available in the literature about the onset of mental health courts. While the first mental health courts were not established until the mid-1990s, the criminalization of people with mental illness started in the late 1950s and early 1960s (Lang, Rehm, & Popova, 2011). This criminalization caused more and more mentally ill people to come in contact with the criminal justice system.

The criminalization hypothesis states that several reasons led to the criminalization of the mentally ill (Morabito, 2007). The first reason was deinstitutionalization and the emptying of state and provincial mental hospitals. In an effort to treat people with mental illness more humanely, many leaders in the psychiatric community argued that patients should be moved out

of overcrowded and understaffed institutions and into community-based outpatient settings (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009).

The theory postulates the second reason for the criminalization of the mentally ill was the shortening of inpatient hospital stay durations (Morabito, 2007). One study of 1,500 patients from 10 state hospitals found that brief-stay patients had a greater likelihood of being rehospitalized within 30 days after discharge than patients treated for longer periods (Appleby, Desai, Luchins, Gibbons, & Hedeker, 1993). Thus, shorter inpatient stays create a revolving door and do not provide the duration of care that would prevent some mentally ill people from coming to the attention of law enforcement.

The next reason for the criminalization of people with mental illness was the stricter criteria for civil commitment (Marabito, 2007). Civil commitment laws were modified from more general criteria that simply embodied concepts of mental illness and the need for treatment to more specific criteria that required either dangerousness resulting from mental illness or the incapacity to care for oneself (Lamb, Weinberger, & Gross, 2004). The duration of commitments was also changed from indeterminate and extensive periods to determinate and brief periods. People at risk for civil commitments were also provided rapid access to the courts, to attorneys, and in some cases, to jury trials (Lamb, Weinberger, & Gross, 2004).

The final reason cited by the criminalization hypothesis is the criminal justice system has become responsible for controlling the occasional deviant behavior of persons with mental illness. This has resulted in behavior that would have been previously addressed in psychiatric institutions to be treated as a legal violation (Morabito, 2007). Law enforcement has been burdened with either recognizing the need for treatment and connecting the person with

treatment resources or making the determination that the individual's illegal activity is the primary concern and that the person should be arrested (Lamb, Weinberger, & Gross, 2004).

Definition of Mental Health Courts

Mental health courts are specialty criminal courts that mandate and monitor community treatment with the aim of increasing public safety and bettering the lives of offenders with mental illness (Redlich, Steadman, Monahan, Robbins, & Petrila, 2006). Participants are diverted from the criminal justice system, either from being charged or being incarcerated, into community mental and substance abuse treatment (Redlich, Hoover, Summers, & Steadman, 2010). The goals of mental health courts are accomplished by using separate criminal court dockets for persons with mental illness, directing persons with mental illness into community treatment, supervising participants in the community to ensure they meet court-ordered requirements, sanctioning participants for noncompliance and offering incentives for compliance, and voluntary participation (Redlich et al., 2006).

The two main types of mental health courts are pre-booking (or pre-charge) and post-booking (Broner, Lattimore, Cowell, Schlenger, 2004). Pre-booking programs involve diversion before a criminal charge and the individual is diverted into mental health treatment without further criminal justice involvement. The police use discretion to determine the necessity of arrest versus the appropriateness of diversion (Broner, Lattimore, Cowell, Schlenger, 2004). Post-booking, on the other hand consists of three primary components: screening, assessment, and negotiation between diversion staff and criminal justice personnel to create a mental health treatment disposition and to waive or reduce charges or time spent incarcerated (Steadman, Barbera, & Dennis, 1994).

While one of the hallmarks of mental health courts is voluntariness, much of the literature brought up concerns regarding this issue. Redlich, Hoover, Summers, and Steadman (2008) discussed two factors to consider when assessing voluntariness. The first is adjudicative competence. This is determined using the Dusky standard, which mandates that defendants have a rational and factual understanding of the proceedings against them, as well as the ability to consult with their attorney (Dusky v. U.S., 1960). The second factor is general knowledge about the diversion program including procedures, requirements, confidentiality releases, consequences for compliance and non-compliance, alternatives to participation, and what happens upon graduation and termination (Redlich, Hoover, Summers, & Steadman, 2008). Redlich et al (2008) found about half of the 200 clients at a mental health court claimed not to have been told the decision to enroll in the mental health court was voluntary prior to enrolling.

Adding to the difficulty in determining the voluntariness is the frequency of intellectual disabilities found in potential participants. A study by Burke, Griggs, Dykens, and Hodapp (2012) found that 11% of defendants in Davidson County Mental Health Court in Tennessee also had intellectual disabilities. Considering the potential consequences of participation in a mental health court, it is imperative that the decision to opt into these programs is voluntary and informed.

While participation is intended to be voluntary, an element of coercion exists when defendants are presented with the option of criminal charges and jail or diversion to the mental health court (Tyuse & Linhorst, 2005). Coercion can be significantly reduced if the judge and defense lawyers adhere to their roles (Stefan & Winick, 2005). While mental health courts utilize a non-adversarial team approach involving cooperation and joint decision making

between criminal justice and mental health professionals, it is important for all involved parties to keep the best interest of the participant in mind (McNiel & Binder, 2007).

Sanctions Used by Mental Health Courts

Mental health courts have a wide range of sanctions they can use for noncompliance. They can sanction participants who violate the terms of their release through bench warrants, temporary reincarceration, or outright revocation (Steadman, Redlich, Callahan, Clark Robbins, & Vesselinov, 2010). While mental health courts have these sanctions at their disposal, the judicial responses tend to be more encouraging and supportive as the court process seeks to move mentally ill participants into treatment and supportive services (Goldkamp & Irons-Guynn, 2000). The reasons for leniency seem to stem from the fact that most mental health courts focus on misdemeanors and it is possible there is some ambivalence in the justice system about imposing punishment if the perceived cause of the criminal behavior is mental illness (Griffin, Steadman, & Petrila, 2002). While the literature discussed various types of sanctions that can be imposed, much of the research found that these sanctions are not liberally applied.

Outcomes of Mental Health Courts

Recidivism

One of the major goals of mental health courts is to reduce recidivism (Redlich, Steadman, Monahan, Robbins, & Petrila, 2006). The literature found that mental health courts have been successful in reducing recidivism to varying degrees. Hughes, Steadman, Case, Griffin, and Leff (2012) found that mental health courts have shown effectiveness in reducing subsequent involvement with the criminal justice system in terms of jail days, new arrests, and technical violations. Research by Steadman and Naples (2005) of 1,612 participants in six different court-based diversion programs found that the group of participants who had been

diverted to a court-based diversion program averaged 1.03 arrests versus the non-diverted group who averaged 1.20 arrests over a 12-month follow-up period. Even more dramatic results were found by Herinckx, Swart, Ama, Dolezal, and King (2005) in a study of 368 mentally ill offenders in Broward County, Florida. They found that the average number of arrests was reduced from 1.99 pre-enrollment to .48 post-enrollment and the overall crime rate for the participants was reduced 400% one year after enrollment compared to the year before in a mental health court.

However, another study of 235 people with a serious mental illness who had been charged with either a felony or misdemeanor found little difference in arrest rates between diversion program participants and non-participants (Cosden, Ellens, Schness, & Yamini-Diouf, 2005). The authors speculated that the lack of success might have been due to a small number of participants committing the majority of offenses leading to jail time. Another study that found higher arrest rates for participants was conducted by Hiday and Ray (2010). Of the 99 defendants they followed, they found a 48% rearrest rate in the two years after exiting the mental health court. However, that rate was down significantly from a 97% rearrest rate in the two years before entering the program.

Time in Jail

Another way to measure the success of mental health courts is the amount of time participants spend in jail before and after diversion. Research by Steadman and Naples (2005) found that the 812 participants who had been diverted to a court-based diversion program spent 303 days in the community over a 12-month period versus 245 days for the 820 participants in the non-diverted group. Time in the community included days not spent incarcerated, in psychiatric hospitals, or residential treatment. Another study that showed a decrease in the

amount of time participants spent in jail was conducted by Case, Steadman, Dupuis, and Morris (2009). In an examination of 546 participants, they found a 33.1% decrease in jail days between pre- and post-enrollment. While one study of 1,047 participants did show an increase in the number of jail days for diverted participants during the 18 month period post-enrollment, it was not nearly as high as the increase for the non-diverted group; 73 days to 82 days versus 74 days to 152 days (Steadman, Redlich, Callahan, Clark Robbins, & Vesselinov, 2010).

Cost of Diversion

There was limited information about the cost of mental health courts available in the literature. One analysis of three pre-booking programs and three post-booking programs yielded mixed results on the costs of diversion programs (Steadman & Naples, 2005). They found that the diverted group incurred higher community-based treatment costs, and the non-diverted group incurred higher jail costs. Research by Hughes, Steadman, Case, Griffin, and Leff (2012) utilized a simulation model to project the fiscal impact of diversion programs using data from actual criminal justice and mental health systems. Their findings were that reduced recidivism for the diverted group resulted in additional criminal justice savings over time. They also found that transition rates to higher functioning states are slower for the non-diverted group as a result of less efficient, more expensive service packages and more inappropriate use of hospital and emergency services.

Time of Diversion Process

Another factor considered when evaluating mental health courts was the length of time the diversion process took. The speedy disposition of cases is not one of the highest priorities of mental health courts and a greater emphasis is placed on ensuring that defendants comprehend the proceedings in which they are engaged (Boothroyd, Calkins Mercado, Poythress, Christy, &

Petrila, 2005). However, some research was conducted to compare the time between arrest and enrollment in a mental health court to the time between arrest and adjudication for offenders with and without mental illness processed through the traditional criminal justice system. Redlich, Liu, Steadman, Callahan, and Robbins (2012) found that for 335 offenders with mental illness diverted to mental health court, it took 70 days compared to a sample of 311 offenders with mental illness conventionally processed, where it took 37 days.

Long Term Success

There was limited information in the literature about the effect of mental health courts on participants over a long period of time. There are few longitudinal studies looking at how individuals fare after diversions. As a result, research into what mode of service delivery and what kinds of treatments are most effective for this population remain in the early stages of inquiry (Davis, Fallon, Vogel, & Teachout, 2008). Also, the measure that most research has looked at is the reduction of criminal justice contact, which fails to take into account their mental health status, substance abuse, employment, or housing (Davis, Fallon, Vogel, & Teachout, 2008).

Quality of Treatment

One of the objectives of mental health courts is to connect participants to mental health resources in the community. However, the quality of the services provided may vary. Mental health courts provide a gateway to treatment, but they have little influence or control over the type and quality of services that defendants receive (Boothroyd, Calkins Mercado, Poythress, Christy, & Petrila, 2005). Goldkamp and Irons-Guynn (2000) stressed the importance of noting that institutions and services in the community must have failed to serve this population on some level because of their current involvement in the criminal justice system.

Mental Illness and Substance Abuse

The issue of co-occurring mental illness and substance abuse was widely covered in the literature. According to the Substance Abuse and Mental Health Services Administration (2000), approximately 75% of seriously mentally ill inmates have a co-occurring alcohol or drug use disorder. Lamb, Weinberger, Marsh, and Gross (2007) found an almost identical result. Upon conducting a retrospective study of inmates with severe mental illness in a large, urban county jail that 76% of those inmates diagnosed as severely mentally ill were known to have history of substance abuse. The literature also discussed the importance of utilizing integrated treatment for co-occurring mental illness and substance abuse. Without integrated treatment people with co-occurring disorders often enter the criminal justice system after having been bounced in and out of mental health and substance abuse programs where they are deemed treatment resistant (New Freedom Commission on Mental Health, 2004).

Poor Quality of MH Services in Jails

Much of the literature discussed the inadequate mental health services found in correctional facilities. The Eighth Amendment of the United States Constitution protects the right to treatment for acute medical problems, including psychiatric problems, for inmates and detainees in the United State's prisons and jails (New Freedom Commission on Mental Health, 2004). However, acute psychiatric treatment in a correctional setting is less desirable than treatment in the mental health system. Jails and prisons have been established to protect society and to mete out punishment, therefore, there is a heavy emphasis on maintaining security and not on delivering mental health services (Lamb & Weinberger, 2011). Jails lack adequate clinical resources and are often overcrowded, noisy institutions that are incredibly stressful (Herinckx, Swart, Ama, Dolezal, & King, 2005).

In addition to jails and prisons not being conducive to therapy, many inmates do not receive the services that are offered. Surveys conducted by the National Institute of Justice (1997) of jails in the United States found that 84% of the respondents from the 10 participating jails reported that mental health services were received by only 10% of their inmates. Another study conducted by Steadman, Holohean, and Dvoskin (1991) of 3,684 inmates in the New York State prison system found that only 56% of severely disabled inmates received mental health services in the prior 30 days and 45% in this group had received none in the past year.

The lack of mental health services in jails and prisons is not only a violation of an inmate's rights, it can also exacerbate mental illness. Psychiatric symptoms can worsen causing these individuals to be at a higher risk for suicide, being assaulted, and raped by other inmates (Tyuse & Linhorst, 2005). Because of these increased risks, mentally ill offenders are often kept in isolated confinement so they cannot harm anyone or be harmed, thus exacerbating their mental illness further (Schaefer & Stefancic, 2003). Even with many mentally ill inmates being isolated, they are more likely to be the target of violence from other inmates. State prisoners who had a mental health problem were twice as likely as other prisoners to have been injured in a fight since admission (20% compared to 10%) (James & Glaze, 2006).

Negative Impact of MI Inmates in Jails and Prisons

Mentally ill inmates can also have a negative impact on the facility they are being held in. As compared to non-mentally ill inmates, mentally ill inmates are more likely to be harmful to themselves, to other inmates, and to correctional staff (Schaefer & Stefancic, 2003). Research by James and Glaze (2006) found that inmates in local jails who had a mental health problem were four times as likely as those without to have been charged with a physical or verbal assault on correctional staff or another inmate. Additionally, seriously mentally ill individuals in jails and

prisons, because of their illnesses, often cannot understand the rules or follow orders (Torrey, 1995). James and Glaze (2006) found that among State prisoners, 58% of those who had a mental health problem, compared to 43% of those without, had been charged with rule violations. The literature highlighted the fact that incarceration is not only hard on the inmate suffering from mental illness, it is also hard on the other inmates and correctional staff.

Lack of Aftercare Services

Upon leaving incarceration, many mentally ill offenders continue to not receive the services they need. On reentry, offenders encounter numerous barriers to accessing adequate community-based services, such as a lack of health insurance and financial difficulties (Lehman-Held, Brown, Frost, Hickey, & Buck, 2012). These barriers can prevent recently released offenders from receiving treatment in a timely manner. Under such circumstances, treatment may not occur until an individual reaches a crisis state and ends up in an emergency room or is rearrested (Lehman et al., 2012). This cycle between the streets and jails is detrimental and can lead to a rapid deterioration to their physical and mental health (Lehman et al., 2012).

Longer Jail Stays for MI Inmates

Another concern for mentally ill inmates being processed through the criminal justice system is that they are more likely to be incarcerated for misdemeanors and serve longer sentences for similar crimes than non-mentally ill inmates (Lamberti, Weisman, Schwarzkopf, Price, Mundondo Ashton, & Trompeter, 2001). Lamberti et al. (2001) found in a study of 41 participants that mentally ill inmates had certain clinical risk factors that could be the cause of their increased risk for incarceration and longer stays. The authors found that substance use disorders, treatment non-adherence, and homelessness were all factors that influenced how mentally ill offenders were handled in the criminal justice system. Additionally, Torrey (1995)

found that mentally ill individuals were less likely to be released on bail. In Seattle's King County Jail the mentally ill inmates were found to average 34 days in custody, 3 times that of inmates more able to post bail and leave (Torrey, 1995).

Mental Health Court Used for this Research

The court used for this research has been operational since May 2005 and was developed based on the national problem-solving court model. The court was created when it became increasingly clear that persons with mental illness and co-occurring mental illness and substance abuse disorders were in need of more specialized and individualized jurisprudential approaches (Minnesota Judicial Branch, 2012). The court directs eligible defendants with mental health disorders from the criminal justice system to community-based mental health, substance abuse and support services.

Summary of the Literature

Although mental health courts have only been operating for a few decades, a significant amount of literature was available about them. The history and definitions of mental health courts were found in several sources. Lang, Rehm, and Popova (2011) found that the criminalization of people with mental illness started in the 1950s and 1960s which led to more and more people with mental illness becoming involved with the criminal justice system. In an attempt to divert people with mental illness out of the over burdened criminal justice system, mental health courts were created to divert people into community mental and substance abuse treatment (Redlich, Hoover, Summers, & Steadman, 2010).

Sources about outcomes of mental health courts were not as plentiful. There were few studies available about recidivism, especially long-term recidivism rates. However, the research that was available did show that mental health courts can be an effective strategy to reduce

recidivism. The literature did not include a lot of information about the cost of diversion. The research that was conducted found that the costs to the criminal justice system were reduced, however, the costs of community-based treatments increased. Since mental health courts are a relatively new concept, there have not been a lot of studies about their long-term effects. A factor that can influence long-term success is the quality of the treatment that the participants receive. The literature discussed that the quality of services may vary.

Much of the literature discussed the prevalence of co-occurring mental illness and substance abuse. The research conducted showed that the rates of these co-occurring issues are extremely high. The literature found that it is imperative to treat both issues at the same time to attempt to break the cycle of entering the criminal justice system.

The literature about mental health courts discussed the negative impact incarceration can have on the mentally ill. Jails and prisons are not a conducive therapeutic milieu and frequently inmates do not receive treatment at all. Other inmates and jail and prison staff can also suffer when mentally ill inmates are incarcerated. Mentally ill inmates have been found to be more frequently harmful to themselves, other inmates, and correctional staff and because of their mental illness they sometime have difficulty following the rules. Additionally, jails and prisons are not equipped to provide the aftercare services that mentally ill inmates need. Finally, the literature found that mentally ill inmates are frequently given longer jail and prison sentences than non-mentally ill inmates, further burdening the correctional system.

The research question for this study is: What impact does a mental health court have on participants according to the professionals working there? Based on the previous research conducted, it is necessary to get the direct provider's perspective on the impact that mental health

courts are having on the participants. It is critical to determine how successful programs like this are in order to make changes to improve the current systems.

Conceptual Framework

For this study the researcher used the Ecological Perspective as the conceptual framework. The research question for this study was: What impact does a mental health court have on participants according to the professionals working there? The researcher attempted to answer the research question by interviewing various professionals who work at this specific mental health court. The clients who become involved with mental health courts require interventions that take into account how they impact their environment and how the environment impacts them, making the Ecological Perspective appropriate for this population. They typically need treatment in multiple areas that all need to be addressed simultaneously. Since the Ecological Perspective would provide a great amount of insight into the lives of many of the participants in a mental health court, the researcher used it to guide the direction of this study and help develop the questions for the interviews.

The Ecological Perspective looks at individuals, families, cultures, communities, and policies and identifies interventions based on strengths and weaknesses in the transactional processes between these systems (Ungar, 2002). The Ecological Perspective utilizes holistic thinking to provide a paradigm for understanding how systems and their interactions can influence an individual's behavior. The beliefs, values and techniques used adapt to accommodate an individual throughout their lifespan.

Some of the key concepts in the Ecological Perspective are *micro-system*, *mezzo-system*, *macro-system*, *adaptation*, *transaction*, *goodness-of-fit*, and *life-model practice*. *Micro-system* refers to the individual's most immediate environment and it involves focusing on an individual's needs, problems, and strengths (Zastrow & Kirst-Ashman, 2010). The clients at the specific court researched are worked with most frequently on a micro level. The initial

assessment with a client asks multiple questions about client's needs and issues, but it also covers areas of strength for the client.

Mezzo-system is a more generalized system referring to the interactional processes between multiple micro-systems involving an individual (Miley, O'Melia, & DuBois, 2012). *Mezzo-system* can focus on any small group, including family, work groups, and other social groups (Zastrow & Kirst-Ashman, 2010). The clients at the court used in this research are frequently living with family members who are extremely invested in their success through the court process. The court's clients are almost always involved with other agencies. They sometimes receive case management services somewhere else, they attend treatment groups, they reside in group or foster homes and they complete their hours of community work service at various agencies.

Macro-system is the most generalized forces, affecting individuals and family functioning and is represented by belief systems and values (Miley, O'Melia, & DuBois, 2012). *Macro* orientation involves focusing on the social, political, and economic conditions and policies that affect people's overall access to resources and quality of life (Zastrow & Kirst-Ashman, 2010). The court examined fits into the overarching criminal justice system that the clients have become a part of. This mental health court attempts to increase client's access to resources, thereby increasing their quality of life. Another *macro-system* issue that this court's clients face is the stigma of both mental illness and being involved in the criminal justice system. The court attempts to reduce stigma by connecting clients with services that integrate them into mainstream society as much as possible.

Adaptation refers to how a person and their environment have mutual influence on each other and attempt to find the best fit (Lesser & Pope, 2011). While people are attempting to fit

into their environment, tension can arise as a result of new demands. If people are able to adapt, they can achieve a better fit with their environment and become increasingly able to effectively handle challenges and demands. Clients at the court used for this research frequently have difficulty adapting to their environment. That difficulty can sometimes result in criminal behavior or substance abuse.

Goodness-of-fit refers to the extent to which there is a match between an individual's adaptive needs and what resources they have available in their environment (Lesser & Pope, 2011). If there is a good fit, individuals will find that the social environment provides the resources, nurturance, and support they need to grow and develop in an adaptive manner. Clients at this specific court have frequently suffered by not finding a *goodness-of-fit* between themselves and their environment. The court attempts to remedy this by contributing to client's growth, development, and emotional and physical well-being.

The Ecological Perspective provides a framework for a *life-model practice* which incorporates an understanding of the experiences of each individual within their historical, societal, and cultural contexts (Turner, 1996). The *life-model* provides social workers with an insight into assessment and intervention and takes into account the individual's difficulty with life transitions, traumatic events, environmental pressures, and dysfunctional interpersonal processes. The *life-model* primarily focuses on the person-environment fit, which is constantly changing over time. The *life-model* is extremely helpful when working with clients at the court examined for this research. Clients are assessed on multiple levels and their life history is taken into account to connect them with the services that would be most beneficial to them.

The Ecological Perspective has many strengths. First, since it takes into account all of the potential influences in a person's environment, there are multiple areas where a social worker

can intervene. Second, this perspective also allows social workers to view a person's behavior through an environmental context. Finally, social injustice can be addressed and factored in when developing treatment plans.

While the Ecological Perspective has strengths, it also has weaknesses. This perspective looks at many different potential areas to work on in an individual's life. However, it does not provide any guidance on where to begin first. The multiple areas for intervention also create another problem. Limited resources might not allow for treatment in all of the different areas that one might require, leaving some issues unaddressed.

Methodology

The research question for this study was: What impact does a mental health court have on participants according to the professionals working there? The research design that the researcher used for this study was exploratory qualitative. The researcher conducted interviews with several people who operate in different capacities within the specific court used for this research. The interviews consisted of 10 questions and were both open-ended and closed-ended. The closed-ended questions were mainly used for statistical data. The researcher used an exploratory qualitative research design because provided insight from people working directly with the population of people participating in the mental health court. Qualitative research looks at emotions, motivations, symbols and their meanings, empathy, and other subjective aspects associated with groups and individuals (Berg, 2009). The researcher utilized qualitative research to get the respondent's own perceptions about the mental health court and its participants.

Researcher Bias

One of the drawbacks of this type of research is researcher bias. This occurs when the interviewer subconsciously gives subtle clues with body language or tone of voice that may subtly influence the subject into giving answers skewed towards the interviewer's own opinions, prejudices, and values (Shuttleworth, 2009). To reduce interviewer bias, the researcher had the committee members review the interview questions to help eliminate leading questions or too narrow a focus. Additionally, the questions were worded the same way each time they were asked.

Sample

The type of sample that the researcher used was a purposive sample of professionals working at this specific mental health court. The researcher conducted interviews with two

judges, two case managers, one prosecuting attorney, one defense attorney, and one court coordinator. This variety of professionals in different roles provided a well-rounded perspective from the people working at the mental health court.

Interview Advantages

The advantages of using exploratory qualitative interviews to gather data for this research were that the interviews provided more complete and accurate data than other methods of data collection (Seidman, 2006). Interviews allow for further explanation of the questions if the respondent does not understand or fully answer. Additionally, since these interviews were conducted face to face, the researcher was able to include observational information. Finally, this type of research provided unique insight from a variety of perspectives on the effectiveness of this mental health court.

Protection of Human Subjects

Ethical issues can arise when dealing with human subjects. Researchers must ensure the rights, privacy, and welfare of the people who they are studying (Berg, 2009). To protect the respondents, the researcher provided them with a copy of the research questions before they decided whether or not to participate. After deciding to participate, the researcher provided the respondents with a consent form that explained the purpose of the study, the procedure the researcher used, information on how the data will be kept confidential, and names and phone numbers of people they could contact with questions. The researcher explained the form to each respondent before beginning the interview and explained how the data will be used, i.e. the interview will be audio recorded, transcribed, a research paper would be written, and a presentation would be given.

Research Location

This research was conducted at one specific mental health court. It was developed based on the national problem-solving court model which recognized that people with mental illness and co-occurring mental illness and substance abuse disorders were in need of more specialized and individualized jurisprudential approaches. The target population of this mental health court is in-county residents who have been charged with a crime that may be related to a significant mental illness.

This mental health court is currently funded by the Minnesota Department of Human Services, Adult Mental Health Division. This court was recently awarded the BJA Adult Drug Court Discretionary Grant Program Expansion grant that allows the program to expand to felony level offenders. To maintain adequate resources, the court relies heavily on pro bono services. The court consists of three judges, a program coordinator, two social work case managers, a city attorney, a county attorney, and pro bono defense attorneys.

Data Collection

Data was collected using the following steps: 1. Written permission from the agency was provided. 2. A list of potential participants was developed by the committee with the goal of getting a variety of perspectives on the program. 3. The researcher contacted potential interview subjects via e-mail. The researcher explained the purpose of the research and the information that the researcher hoped to gather. The professionals were told that the researcher was interested in conducting an interview with them that would last 45 minutes to an hour and that they would be provided with a list of the questions prior to the interview. 4. The interviews were conducted. 5. The data gathered from the interviews was transcribed. 6. The data was coded and analyzed.

Data Analysis

This qualitative data was studied by coding the information gained through the interviews. Coding is the categorizing of observations or text into a limited number of categories (Berg, 2009). The researcher had pre-established codes that were created after completing the literature review. Other codes were generated if the interviews yielded other themes. Interview themes were compared to themes found in the literature to look for similarities and differences.

Findings

Sample

The type of sample that the researcher used was a purposive sample of professionals working at a specific mental health court. The researcher sent an e-mail requesting an interview from three judges, two case managers, two prosecuting attorneys, two defense attorneys, and one court coordinator. The researcher received replies from two judges, one prosecuting attorney, one defense attorney, two case managers, and one court coordinator. The amount of time that the respondents had been working with the court ranged from 6 months to 7 years, with an average of 45 months. The researcher scheduled the seven interviews with the first taking place on February 8th, 2013 and the last taking place on February 28th, 2013.

The researcher began the interviews by asking some demographic questions to provide more specific information about the sample. The respondents were two judges, one prosecutor, two social workers, one defense attorney, and one court coordinator. The shortest period of time that a respondent had been with the court was 6 months and the longest period of time was 7 years. There were three male participants and four female participants. The two judges and the defense attorney were male and the prosecutor, the two case managers, and the court coordinator were female. The two judges and the two attorneys had Juris Doctor Degrees. The court coordinator had a Master's of Social Work and the two social workers had bachelor's degrees.

Participant Benefits

The first open ended question was: What benefits do you see coming from participation in this court? The question required the respondents to answer the question on three different levels: for the participant, for the service providers, and for the community. The themes that were generated from the participant level included participants receiving a better sentence, being connected with services, being treated as individuals, and guided through the court process.

Four out of the seven respondents touched on the idea that participants receive better sentences in this court than they would if they went through the regular criminal court process. Respondents commented that participation in the court could mean a reduced sentence or avoiding jail time altogether or keeping a more serious offense off their record. Respondents discussed how lessening the effect of their criminal behavior can have a positive impact on their future. One social worker commented, *“That impacts the participant’s ability to procure housing and jobs. It makes a big difference in their chance at being integrated into the community.”* (Respondent #6, lines 6 and 7.) While many respondents highlighted the positive impact of a better sentence, one judge clarified that the court, *“is not a get out of jail free card because you are actually taking on more responsibilities than you would have if you went to jail.”* (Respondent 7, lines 5 and 6.)

Six out of the seven respondents discussed a major benefit of participation in this court as getting connected with services. The kinds of services that were discussed were housing assistance, community work service, employment, mental health services, chemical dependency treatment, and crisis services. The prosecutor explained that connection with services leads to, *“a sense of stability in every area.”* (Respondent 2, line 24.) The defense attorney talked about a benefit of the court is that the services are delivered in a structured manner as opposed to treatment that is more voluntary in nature.

Another benefit of participation that three of the seven respondents discussed was the individualized care the participants receive. One social worker talked about how the participants become a known entity and that she has had participants tell her that they did not feel like *“just a number”*. (Respondent 1, line 13.) The court coordinator stated, *“They also get the benefit of more of the specialized individualized approach to not just their case but to their lives as well.”*

(Respondent 3, lines 7 and 8.) Respondents felt that participants also benefit from being guided through the system. The prosecutor explained that there are people standing behind the participants backing them up and “*cheering them on, helping them in any area we can*”.

(Respondent 2, lines 26 and 27.)

Service Provider Benefits

The next part of the question about benefits coming from this court asked about service providers. The benefit most often cited was personal satisfaction, highlighted by four of the respondents. The prosecutor stated there is, “*a sense that maybe we are making a difference, even if it’s just one person at a time.*” (Respondent 2, line 46.) One of the judges expressed a sense of satisfaction when the data shows success stating, “*It gives us a chance to have a connection with people and do some good.*” (Respondent 7, lines 28 and 29.)

Community Benefits

The last part of the question asked about the benefits to the community. The most frequently cited benefit was increased safety and reduced recidivism. Five of the respondents discussed this benefit. The court coordinator talked about the increase in public safety because individuals do not have future charges and convictions. The defense attorney stated, “[the court] *helps individuals address criminality in a positive manner to eliminate the root causes rather than just treating the actual behavior.*” (Respondent 5, lines 24 and 25.)

Along with the benefit of increasing public safety, five of the respondents felt that participants helped society by being able to contribute more. One of the social workers explained that participants will, “*hopefully become higher functioning and able to contribute in a way that maybe they were not able to or simply did not know how.*” (Respondent 1, lines 54 and 55.) Community work service was also mentioned as a way that participants contribute to

society. The court coordinator explained that, “*Community work service is a really big selling point for the community because we are able to see those hours logged in and giving back.*”

(Respondent 3, lines 22 and 23.) One social worker has had clients who have opted to continue volunteering with the community work service site even after their mandatory hours are completed.

Participant Challenges

The next question was: What are the biggest challenges involved with this court? Again, this question asked respondents to answer the question about individuals, service providers, and the community. The most frequently cited challenge for participants were the program requirements. Six of the seven respondents recognized this as a challenge. The prosecutor explained that participants have said that this court is too much work and that they struggle to keep track of it all. The court coordinator acknowledged the many requirements and stated, “*We haven’t hidden the fact that it is easier to do the time than to fully comply with this program.*” (Respondent 3, lines 41 and 42.) One of the judges also explained that timing is an issue for participants. He stated, “*It’s a lot of work and not everybody is up to it and we’re not hitting everybody at the right time either. Some people are not ready yet.*” (Respondent 7, lines 69 and 70.)

Service Provider Challenges

When asked about the challenges for the providers, four of the seven respondents cited the difficulty in working with the population seen at this court. The court coordinator explained that, “*Even in recovery symptoms of mental illness can’t always be controlled.*” (Respondent 3, line 54.) She went on to explain that this population will probably always need services, assistance, and providers. One of the judges explained that this population can vary in diagnosis,

age, chemical dependency, and that those variables between participants do not allow for a “*cookie cutter approach*”. (Respondent 7, line 77.)

Three of the seven respondents also felt that the lack of resources was an issue for service providers at this court. The prosecutor stated, “*I think the biggest challenge for providers is a lack of resources. Not enough time, not enough people, not enough money, not enough beds, not enough facilities.*” (Respondent 2, lines 87 and 88.) The court coordinator explained that one of her biggest challenges at this mental health court is, “*obtaining funding sustaining the services that we already have.*” (Respondent 3, line 67.)

A final issue that was talked about by three of the respondents was the collaborative nature of this court. The defense attorney talked about how this collaborative approach puts him out of his comfort zone, requiring a high degree of role flexibility. He said, “*We as defense attorneys find ourselves having to balance the duties that we owe to our client that are professional responsibilities that are very strictly enforced with the collaborative approach that the court takes and striking that balance can be challenging.*” (Respondent 5, lines 67-70.) One of the case managers also talked about the difficulty that defense attorneys have and how they have to, “*advocate for your client and be a good defense attorney and still be collaborating with the prosecutor and the judge and the case managers.*” (Respondent 6, lines 77-79.)

Community Challenges

The last part of the question asks respondents what they feel the biggest challenge involved with this court is for the community. The only challenge that was discussed was the community’s lack of understanding of what this mental health court does and why it is necessary. Four respondents felt this was an issue. Both of the judges discussed the difficulty in getting people to recognize the need for preventative programs such as this court. One of the judges

stated, *“Our response to community skepticism is statistics proving that what we do works.”*

(Respondent 7, lines 106 and 107.)

Improvements for Participants

The next question was: What do you think would improve this court? This question was also asked on the three levels: for the participant, for the service providers, and for the community. The only improvement that was discussed by several of the respondents was an increase in resources. Three of the seven respondents felt this would be an improvement for the participants. One of the judges highlighted the fact that consistent funding detracts from the quality of care that this mental health court can provide and said, *“If we didn’t have to spend time looking for resources that is time we could spend with the participants.”* (Respondent 7, lines 118 and 119.)

Improvements for Service Providers

Having more resources was also the most frequent response to what would improve this court for service providers. Three respondents felt this was an issue. The defense attorney explained, *“Community resources expended to deal with these mental health issues can be addressed on the front end through actual proactive psychiatric mental health services when problems are initially spotted by a doctor, school, county health, family, or children services. If you put resources in that end you would reduce the cost on the back end.”* (Respondent 5, lines 95-98.)

Improvements for Community

The last part of the question asked what would improve this court for the community. Respondents felt that increased resources would also create the greatest improvement on this level. Three of the respondents felt this would impact the community. The prosecutor talked

about how the whole is the sum of its parts and that, *“having more resources in order to be more successful in the mental health court would improve the situation for the community.”*

(Respondent 2, lines 153 and 154.) The defense attorney talked about how the court is a preventative resource that helps reduce the costs associated with, *“incarceration, law enforcement, treatment for severe problems, and required 72 hour community holds.”*

(Respondent 5, lines 104 and 105.)

Full Understanding

The next question asked was: Do you feel that this court’s participants have a full understanding of the requirements and potential consequences of the program? How so? Five of the respondents felt that the respondents did not have a full understanding and two of the respondents did. A reason for the participants not having a full understanding of the requirements and potential consequences that was cited by all five who felt they did not was their mental illness. The prosecutor stated, *“Based on experience I would say probably not and the reason I say that is I don’t feel like the general population that comes through the criminal court system understands the consequences. They are deer in headlights.”* (Respondent 2, lines 159-161.) She added, *“And that is the general population. Now transpose that with the mentally ill person, they can’t possibly understand.”* (Respondent 2, lines 164 and 165.) The defense attorney agreed and stated, *“Even an individual without mental health challenges struggles to fully accept the authority of the court as well as the requirements the court places on that individual.”* (Respondent 5, lines 113 and 114.)

The two respondents who felt that participants did have a full understanding of the requirements and potential consequences thought that there were procedures in place to ensure that participants had the information they needed. The court coordinator explained that potential

participants, “*Observe mental health court for a few times, you need to review the participant handbook that has all the requirements and all the conditions and what your sanctions would be and what your incentives would be, and you have to meet with the case manager before being accepted to the program to make sure that you have a plan for recovery and that you are able to do these requirements.*” (Respondent 3, lines 107-111.) Additionally, one judge said that participants are given information about the program in, “*a variety of forms that are not only communicated orally but also with pamphlets and other documentation really at each step of the program.*” (Respondent 4, lines 75-77.)

Discussion

Sample

The sample that was used for this research provided many benefits. First, the sample utilized a variety of professionals; therefore, multiple perspectives were gathered. Another benefit was that, although the professionals had varying roles, many of the themes that came from their responses were similar. This allowed the researcher to draw some conclusions about the professional's attitudes. A final benefit was that this research generated unique findings. According to the literature found, no research had been conducted exploring professional's attitudes about mental health courts.

Themes

The first question asked about benefits coming from participation in this court for the participant, for service providers, and for the community. The three major themes that came out of that question were: participants receive a better sentence, participants are connected with services, and participants receive individualized treatment and guidance. These themes were very strong since they were cited by at least four of the seven respondents.

All of these themes supported the themes that were found in the literature. Some of the literature discussed how mental health court participants were not given the same punishments that they would have if they would have gone through the regular criminal court. Additionally, much of the literature found that participants in mental health courts were connected with services in the community. The New Freedom Commission on Mental Health, Subcommittee on Criminal Justice (2004) recommended jail diversion programs such as mental health courts as a way to connect justice involved people with serious mental illness away from incarceration and to community-based mental health treatment (Hughes, Steadman, Case, Griffin, & Leff, 2012).

However, none of the research in the literature highlighted the idea that mental health courts provide more individualized treatment and guidance through the court process.

The strongest theme that emerged from the next part of the question was that service providers receive personal satisfaction from working at this court. This theme was strong because it was mentioned by four of the seven respondents. None of the literature found for this research project discussed professional's personal satisfaction. This does not indicate that professionals working for mental health courts do not receive personal satisfaction from the work that they do. This only indicates that the literature examined for this research project did not focus on professional's attitudes about working for mental health courts.

The themes generated from the part of the question about the community were increased public safety/reduced recidivism and participants contribute more to society. Increasing public safety/reduced recidivism was a very strong theme as it was discussed by five of the seven respondents.

Many studies conducted in the literature examined recidivism. Redlich, Steadman, Monahan, Robbins, and Petrila (2006) explain that reducing recidivism is one of the main goals of mental health courts. While reducing recidivism is one of the major goals, the degree to which it is accomplished varied throughout the literature. Hughes, Steadman, Case, Griffin, and Leff (2012) found that mental health courts were effective at reducing recidivism. However, a study by Cosden, Ellens, Schness, and Yamini-Diouf (2005) found little difference in arrest rates between diversion program participants and non-participants. While the literature did not agree on how successful these courts were at actually reducing recidivism, they all cited it as a goal of mental health courts.

The next question asked about the challenges for the participants, the service providers, and the community. The strongest theme that was generated for the participants was that this court is a lot of work. This was a very strong theme because it was highlighted by five of the seven respondents. The literature found for this research project did not go into details as far as how much work individual mental health courts are. This could be due to most of the research focusing on mental health courts more broadly and not looking at the specific requirements of any particular court.

The themes developed from the part of the question about challenges for service providers were the difficulty in working with the population served at this mental health court, the lack of resources, and the collaborative nature of this court. The idea that this is a difficult population to work with was the strongest theme, identified by four respondents. The other two themes were discussed by three of the seven respondents.

One study in the literature did note the fact that the lack and/or quality of resources is a challenge for mental health courts. Boothroyd, Calkins Mercado, Poythress, Christy, and Petrila (2005) noted that mental health courts provide a gateway to treatment, but they have little influence or control over the type and quality of services that defendants receive.

Additionally, some studies found in the literature noted that the collaborative nature of mental health courts can make it difficult for professionals to maintain their roles. The main issue that was discussed in connection with the collaborative nature of mental health courts was voluntariness. McNiel and Binder (2007) stressed the importance of all involved parties maintaining the best interest of the participant in mind while utilizing a non-adversarial team approach.

There were no studies found in the literature that discussed how this can be a difficult population to work with. This does not indicate that the opinions of the professionals at this court are an anomaly. This should only be taken to show that the research did not focus on what it is like to work with the population served by mental health courts.

The major theme discussed by respondents for challenges in the community was a lack of understanding about what this mental health court does. This was a strong theme as four respondents talked about it as a challenge.

Research in the literature did not talk specifically about the community's lack of understanding about mental health courts. However, the research does discuss the criminalization of people with mental illness that led to the alarming numbers of people with mental illness being involved with the criminal justice system (Morabito, 2007). The community's lack of understanding about mental illness and the connection to criminal behavior could be the reason for criminalizing people with mental illness as well as the lack of understanding about a program such as this court.

The next question asked about what improvements could be made to this court on an individual level, a service provider level, and a community level. All three aspects of the question yielded the same theme. Three of the seven respondents felt that increased resources would improve this court on all three levels.

Research found in the literature discussed how one of the major goals of mental health courts is to connect participants with resources in the community. Information from the literature supported the idea that limited resources are an issue in serving this population. Goldkamp and Irons-Guynn (2000) noted that the services available in the community must be

lacking or the population served by mental health courts would not have become involved with the criminal justice system in the first place.

The next question asked respondents if they feel that participants have a full understanding of the requirements and potential consequences of participation. The strongest theme generated from the respondents who felt that participants did not have a full understanding was that their mental illness makes it difficult for the participants to fully understand. That notion was expressed by five of the seven respondents making it a strong theme. The theme that was developed from the respondents who felt that participants did fully understand was that there are procedures in place to ensure that they do. Two of the respondents discussed this theme making it a relatively weak theme.

Information found in the literature discussed how mental health courts are intended to be voluntary, but that can be questionable considering the clientele and the potential coercive nature of the process. Potential participants might not fully understand what choices are available to them and what the consequences of those choices are. Stefan and Winick (2005) examined the potential for coerciveness and felt that it could be significantly reduced if the judge and defense lawyers adhere to their roles. Defense attorneys must express their clients' wishes to the court, even if the attorneys feel that the client is making the wrong decision.

Researcher Reaction

The researcher found that even though the roles of the respondents were very different, there was a great amount of overlap in their responses. This agreement reflects the idea that this court is a collaborative process. Respondents agreed about what the benefits of participation were on a participant level, on a service provider level, and on a community level. Respondents also agreed that the biggest area for improvement would be in having more resources.

The question that generated the most disagreement was regarding whether or not participants have a full understanding of the requirements and potential consequences. While most of the respondents felt that participants did not fully understand, two of the respondents felt that they did. The difference of opinion could be based on a couple of different factors. First, professionals might have differing opinions based on what their role is within the court. The judges have the ultimate say in accepting participants into this court; therefore, they may feel they would be responsible for allowing someone into the program who does not have a full understanding of what they are agreeing to. Another reason for the differing responses might be the level of training and understanding the different professionals have about mental illness.

Limitations/Recommendations for Future Research

While this research had many strengths, it also had limitations. One limitation was the small sample size. This small sample size makes it impossible to generalize the results to similar programs. One remedy to this limitation would be conducting research with a larger sample size. The research could include other mental health courts to provide perspectives from other program professionals. A larger sample size might also be generated by conducting online surveys versus interviews which require more of a time commitment for the professional.

Another limitation was selection bias, which may mean that those who agreed to be interviewed are more supportive of the program than those who did not. Selection bias might also be improved by conducting the research with a larger sample size. Widening the scope of the research might make it more likely to get respondents that are less positive about mental health courts.

A final limitation is that this research only focused on professional perspectives, potentially leading to one sided results. Future research could include the participant's

perspectives. Interviewing or surveying the participants would lead to a more balanced understanding of the impact of mental health courts. Their opinions on mental health courts and what could be done to improve them would provide insights that cannot be discovered by talking to the professionals.

Implications for Social Work

The major themes that resulted from this research were: the greatest benefit to participants was their connection to resources in the community, the greatest benefit to the community is reduced recidivism/increased public safety, the largest challenge for participants is that the program has a lot of requirements, and that additional resources would improve the court on the participant level, on the service provider level, and on the community level. All of these themes have implications for social work.

First, the professionals felt that the greatest benefit to participants was that they are connected with services in the community. The services that this court connects participants with include many different kinds of social service agencies. This means that social workers at a variety of programs have the potential to come in contact with participants of this court. A working knowledge of this mental health court and its goals and requirements would help these social workers best serve their clients and collaborate with the professionals at this court.

Second, the professionals interviewed felt that the greatest benefit to the community was reduced recidivism/increased public safety. One of the goals of this court is to reduce taxpayer costs associated with recidivism including prosecution, incarceration, and hospitalization. This has implications on many levels, including social work. As recidivism goes down, the cost and burden on the criminal justice and health care systems also goes down. This has the potential to free up money and resources that could then be diverted into social service programming.

Third, the interviewed professionals felt that this court's greatest challenge for participants was the amount of work they have to do. Social workers assisting clients who are involved with this court need to be aware of the requirements and how demanding participation can be. Then they can be better able to help their clients prioritize what they need to accomplish. Social workers will also create goals with their clients that are in line with what they need to do for court.

Finally, the professionals felt that additional resources would improve this court for participants, for service providers, and for the community. Increasing resources would allow the agencies that work with this court's participants to take on more clients and to potentially do more with the clients that they have. One way to increase resources would be to ensure that funders and the public are aware of what this mental health court does and how it improves participants' lives.

Conclusion

The purpose of this research project was to determine the impact of a mental health court according to the professionals working there. This goal was accomplished by conducting interviews with various professionals, asking questions that explored a specific mental health court on multiple levels. The interviews provided unique insight about the benefits, challenges, and areas for improvement in this court.

The biggest strength of this research project is that it looked at a specific mental health court in a way that did not seem to have been done before according to the lack of this kind of information in the literature. This project looked at detailed information about a specific mental health court utilizing the professionals that work for the court. This provided insight that was not found in other literature. The professionals working at this court were in a unique position to be

able to provide information that could not be obtained through other methods. The interviews that were conducted produced strong themes that could give other researchers ideas for future studies in this area, broadening the knowledge base regarding mental health courts.

Another strength of this research is that the results provided data from multiple perspectives. The professionals interviewed work in a variety of capacities. Their roles within the court are not the same; therefore, the opinions generated from the interviews gave well rounded results. There were both areas of agreement and disagreement, which potentially would not have been there if the interviews were only conducted with one type of professional.

There were several major findings from the research. First, the professionals all discussed various benefits that come from participation in this court. The greatest benefit that was cited was participant's connection with services (6 of the 7 respondents). Participants are connected with services as quickly as possible once their areas of need have been determined. Services that participants are connected with during their involvement with this court do not end when they are done with the program. These community-based services can continue as long as they are necessary.

Another major finding was that the community benefits from increased safety and reduced recidivism. Most of the professionals (5 of the 7 respondents) discussed that this court accomplished this major goal. Reduced recidivism is a concrete way to look at the success of a program like this court. It can be used to show the community that the program is working and to garner increased support and resources.

A third major finding was that most of the professionals (5 out of 7) felt that a challenge for participants was the amount of work involved with participating in this court. Most of the professionals felt that the requirements of the court were difficult for the participants for a

variety of reasons. The fact that the participants are dealing with mental health issues was one of the reasons cited for the difficulty. Another reason discussed was that participants might not be ready to make the commitment required of them.

The final major finding was that the professionals felt that increased services would improve this court on a participant level, on a service provider level, and on a community level. The population served by this mental health court typically has needs in multiple areas. They utilize services that assist with mental health, chemical dependency, housing, employment, financial assistance, child care, transportation, pro-social activities, and others. The positives coming from assistance in these areas for the participant are directly apparent. However, the service providers and community also benefit by improving participants' quality of life. Service providers get the benefit of working with clients who are more stable and independent. The community has more members who are able to contribute to society as a whole.

“This is the kind of program that is designed to create a long term solution. Our response to community skepticism is statistics proving that what we do works.” (Respondent 7, lines 106 and 107.)

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APPENDIX A

[REDACTED]

December 6, 2012

Institutional Review Board
St. Catherine University
2004 Randolph Avenue
#4068
St. Paul, Minnesota 55105

To Whom It May Concern:

I was informed that Allison Husman, a MSW student at St. Catherine University and the University of St. Thomas, is interested in conducting a research project at the [REDACTED]. Her research would consist of interviewing professionals working at the court to attempt to determine how they feel the court impacts the participants. I am providing my approval for her to conduct her proposed research. Please let me know if you have any questions.

Sincerely,

[REDACTED]

APPENDIX B**The Impact of a Mental Health Court on Participants: The Professional's Perspective
INFORMATION AND CONSENT FORM****Introduction:**

You are invited to participate in a research study investigating professional's perspectives on the impact of a mental health court. This study is being conducted by Allison Husman, a graduate student at the University of St. Thomas/St. Catherine University under the supervision of Michael Chovanec, a faculty member in the School of Social Work. You were selected as a possible participant in this research because you work directly with the participants of a mental health court. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to gain insight on the impact of a mental health court according to the professionals working directly with the people who participate in the court. The professional's opinions will help determine areas where the court is successful and where it is not successful and potential improvements that could be made. Approximately 10 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to participate in one face-to-face interview that will be audio recorded. This interview will take approximately one hour.

Risks and Benefits of being in the study:

The study has minimal risks.

There are no direct benefits to you for participating in this research.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a locked file cabinet in my home and only I and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 17th, 2013. I will then destroy all original reports and identifying information that can be linked back to you. Only my advisor and I will have access to the audio recording of the interview and they will be erased by May 17th, 2013.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with the mental health court, the University of St. Thomas or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

New Information:

If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

Contacts and questions:

If you have any questions, please feel free to contact me, Allison Husman, at (651) 757-5823. You may ask questions now, or if you have any additional questions later, the faculty advisor, Michael Chovanec, (651) 690-8722, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study. (If you are video- or audio-taping your subjects, include a statement such as "and I agree to be videotaped.")

Signature of Participant

Date

Signature of Parent, Legal Guardian, or Witness
(if applicable, otherwise delete this line)

Date

Signature of Researcher

APPENDIX C

The Impact of a mental health court on Participants: The Professional's Perspective

This is a questionnaire for the School of Social Work, St. Catherine University and the University of St. Thomas Clinical Research Project. This project will attempt to determine the impact of a mental health court on participants from the professional's perspective. You have been selected to participate in this research project because you are in a position to have firsthand knowledge about the effects of the court on its participants. Please complete this instrument before the interview.

1. What is your role within the court?

- Judge Prosecutor Social Worker Defense Attorney
 Court Administrator Other _____

2. How many years have you been working at the court? _____

3. Male Female

4. What is your degree level?

- High school diploma or GED Bachelor's Degree Masters
 Juris Doctor PhD Other _____

5. What benefits do you see coming from participation in this court?

- a. For the participant? b. For service providers? c. For the community?

