

# **The Impact of Mental Health Court on a Participant's Life**

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## **ABSTRACT**

*Historically, prior to mental health courts, persons who committed crimes due to mental illness have not had the adequate resources available to assess their needs, and from this, recidivism rate started to rise (Mann, 2011). The first Mental Health Court started in the 1990s in Broward County, FL and is still been successful. Does the St. Louis County Mental Health Court impact the lives of participants? How are the recidivism rates in Duluth, MN? How does participation in the court impact recidivism rates in the areas of legal charges, admission to detox, legal incarceration, possible inpatient hospitalizations and overall impact on daily functioning and decision making? The purpose of this research project was to assess the impact that the St. Louis County Mental Health Court has on the lives of participants. Specifically, participants completed a survey designed to assess recidivism rates in the areas of legal charges, legal incarceration, admissions to detox and possible inpatient chemical dependency/mental health hospitalizations. The results will be used by the Mental Health Court to assess services provided and possible funding requests for program continuation.*

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## **Introduction**

Historically, prior to mental health courts, persons who committed crimes due to mental illness have not had the adequate resources to assess their needs, and from this, recidivism rates started to rise (Mann, 2011). What happened were that persons who committed crimes and also had a severe and persistent mental illness were treated the same as persons who committed crimes that did not have a severe, persistent mental illness (Mann, 2011). This means that they were brought to jail, prison, or a state hospital, and given less than adequate care, then brought back out into society (Mann, 2011). Before mental health courts came into existence, there was a different type of court, drug court which functions similarly to mental health courts. The structures worked the same, but this type of court focused on the drug aspect (Goldkamp, White & Robinson, 2001). Drug Court started in 1989, and now there are over 600 in the United States (Goldkamp, White & Robinson, 2001). Although the court system could see the drug courts were working with individuals and recidivism rates were low because of this specific court, mental health conditions were seen more and needed to be addressed. The first Mental Health Court started in the 1990s in Broward County, FL and is still successful. As stated before, because of the successfulness of this program, more counties decided that a mental health court would provide recidivism results. St. Louis County, Duluth, MN, saw that mental health conditions needed to be addressed in the area. The court started four years ago and has had one needs assessment done which was done in the first year (Judge Tarnowski, February 18, 2013, personal communication).

This project addressed certain questions of the researcher and the Mental Health Court Team. These questions were: Does the St. Louis County Mental Health Court impact the lives of participants? How does participation in the court impact recidivism rates in the areas of legal charges, admission to detox, legal incarceration, possible inpatient hospitalizations and overall impact on daily functioning and decision making? The purpose of this research was to assess the impact that the St. Louis County Mental Health Court has on the lives of participants. Specifically, participants completed a survey designed to assess recidivism rates in the areas of legal charges, legal incarceration, admissions to detox, possible inpatient chemical dependency, and mental health hospitalizations, and what they thought of the program.

The St. Louis County Mental Health Court is a criminal justice based court that is designed as an alternative court to help participants with their mental illnesses and to ultimately reduce recidivism rates of incarceration by managing a participant's mental health illness (Judge Tarnowski, February 18, 2013, personal communication). The court primarily focused on lowering recidivism rates by managing the participant's mental health illness. Alternative courts are types of courts designed to help a person stay out of jail, complete treatment, and get the services needed to improve his or her life. To be eligible for mental health court, the participant's offense must be related to his or her mental illness, meaning the participant must have a mental illness, and the illness must be severe and persistent. To be severe and persistent, the participants must have a mental illness and meet the criteria designed by the Human Development Center. "If the participant completes the program and follows the rules of his or her probation, generally they [sic] would receive a stay of adjudication (no conviction) or a stay

of imposition (felony is reduced to a misdemeanor). Their time is not reduced so if they finish in two years, but were originally sentenced to three years' probation, they'd have a year of probation left," (Judge Tarnowski, personal communication, July 18, 2013).

## **Literature Review**

### **History**

Almost 1 in 15 or 280,000 who are arrested have a serious mental health condition which can affect their behaviors (Mann, 2011). There are more than four times the people with mental illnesses who get sent to jail instead of a state mental hospital (Mann, 2011). Historically what has occurred in the criminal justice system was to prosecute and not look at the underlying issues, no matter what the crime was, or if the person did have a severe and persistent mental illness (Mann, 2011). A milestone case is that of Ricky Wyatt who was sent to a state hospital because of his severe and persistent mental illness, and this resulted in the cohesion of the criminal justice system and mental health system (Mann, 2011).

"The involvement of the criminal justice system with mentally ill offenders was profoundly affected by the Wyatt v. Stickney decision which resulted in large numbers of mental hospital patients returning to the community during the mid-1970's," (Mann, 2011, p. 44). Mental Health Courts in the 1970's did not exist as they started up in 1997. This case was instrumental in raising awareness of what actually happened to someone who committed a crime that was related to his or her severe mental health condition. What occurred in the past was that state hospitals would admit the defendant, but not adequately treat their mental illness (Mann, 2011). The decision in Wyatt vs. Stickney required state hospitals to provide some kind of rehabilitation to the defendants (Mann, 2011). This case, many years later, continues to have an impact on the traditional court system. The outcome resulted in the development of an alternative court, which is now called Mental Health Court (Mann, 2011). Before the Drug Courts and Mental Health Courts were established, many judges and other professionals were dealing with a lot of drug, alcohol, and serious mental health condition cases (Mann, 2011). The cases were not always dealt with properly because of the circumstances of the case and generally that many did not know how to deal with the influx of mental health cases (Mann, 2011). What happened many times before mental health courts were established was that people with serious mental illnesses were not given the correct care in jail and when they were released; their illness would take over again. In jail the offenders were treated somewhat, but when they were discharged, the psychiatric referrals were not adequate (Mann, 2011).

In 1972, the case of Ricky Wyatt was brought to the federal court system (Mann, 2011). Ricky Wyatt was a fifteen-year-old from Alabama who was sent to a state hospital because of his behavior which was related to his severe and persistent mental illness (Mann, 2011). This case was a precursor in how the criminal justice system and the mental health system would react with each other. The state hospital did not do any treatment plans and only medicated him heavily to keep him from acting out and disturbing others (Mann, 2011). This case ruled that state hospitals had to offer some type of rehab (Mann, 2011). The block quote below talked about how treatment of these individuals had to be done and how they should be treated as an individual. Mann (2011) said that:

The goals of this class action lawsuit were to establish a constitutional right to treatment on behalf of people with mental illness and mental retardation, and to

set minimum standards of operations for patients in state hospitals. The resulting decision established a right to treatment which offered progress towards release from involuntary commitment.

Although this case that established guidelines for how state hospitals should run it does not mean that it always worked. Many states also had the same practices as Alabama when it came to mental illness and treatment (Mann, 2011). When regulations were made on how to treat mentally ill patients, many places of business got rid of their patients because they did not want to comply (Mann, 2011). Mental state hospitals were deinstitutionalized as they were closed because the government wanted to save money (Mann, 2011). When this happened, the services that were already offered to mentally ill patients were seriously not up-to-date because they simply did not offer enough (Mann, 2011). Mentally ill people became discouraged and therefore did not seek treatment (Mann, 2011). The behaviors of offenders then caught the attention of law enforcement because so many of the offenders were homeless and did not want to return, seek treatment, and go back as an inpatient (Mann, 2011). This became a problem for law enforcement so they wanted to seek a balance between mentally ill defendants and the criminal justice perspectives. Even though the first mental health court did not come into existence until 1990, the case of Ricky Watt spurred a movement on to change the system and how people who were mentally ill went through the criminal justice system (Mann, 2011).

### **Criminal Justice and Mental Health System**

The criminal justice system and the mental health system did not always work together (Castellano, 2011). Before there were mental health courts, drastic measures were taken. Police used to take the mentally ill people to other jurisdictions so they would not have to deal with them (Castellano, 2011). Mental health courts helped with this situation and helped society, as well as the criminal justice system with recidivism rates in offenses that dealt with people who have a serious mental illness (Casellano, 2011). The mental health system and criminal justice system collaborated well now when making decisions regarding jail or prison. The criminal justice system works with mental health system by using mental health assessments, monitoring, individual treatment plans, services like housing and employment, and helping the individual go back and be a functioning member of society (Castellano, 2011).

### **Problem Solving Court**

Essentially, the mental health court is a problem-solving court (Mann, 2011). By saying that a mental health court is problem-solving, it means the court worked very close with different services like probation, public defenders, social workers, and prosecutors. This team then came specifically looked at the participant's individual needs for their mental illness as well as trying to help him or her stay out of the criminal justice system (Mann, 2011). This type of court system allowed the participant to complete a treatment program as well as not continuing the certain behaviors that brought them the court in the first place. It also implied that the offender can extend probation, talk with a judge and probation officer often, have jail time taken off for good behavior and be subject to regular testing for alcohol and other drugs (Mann, 2011). The court also looked at the crimes being committed due to a serious mental health issue. Before the courts were introduced, it was like a round-a-bout effect. They would get out of jail, to just go back in later.

## **Co-occurring Disorders**

As discussed in the previous paragraphs, an offender could have a severe and persistent mental illness and another problem like substance abuse (Mann, 2011). A co-occurring disorder is when an individual has a severe mental health condition and a substance abuse problem. Co-occurring disorders came into play when dealing with criminal activities (Kubiak, Essenmacher, Hanna & Zeoli, 2011). Over a million people who are detained have a serious mental illness as well as a substance abuse problem (Kubiak et al. 2011). When working with this type of disorder, the treatment plan has to cover both, the mental health portion as well as the substance abuse portion. According to Kubiak et al. (2011) people were at a higher risk of developing said disorder if one is already present. Co-occurring disorders are also most likely to have the individual involved in more criminal activity. "Jail inmates have higher rates of mental health disorder symptoms (60.5%) compared to state (49.2%) and federal (39.8%) prisoners. Of those confined to criminal justice institutions, it is estimated that between 3% and 23% of individuals have both SMI and SUD," (Kubiak et al. 2011, p. 3). Also when designing a plan, the provider may have to integrate two techniques to cover the problem.

## **Mental Health Court Structure**

The first Mental Health Court started in the 1990s and is still in operation (Miller & Perelman, 2009). Currently, there are over 250 Mental Health Courts with most having the same common structure. The mental health consists of a judge along with their team members who could include those who work in probation, the court system, and other areas where professionals that work with people who have mental illnesses (Miller & Perelman, 2009). Mann (2011) also stated that the mental health court has certain fundamentals:

A specialized court docket to manage mentally ill defendants, mental health screening for acceptable candidates, voluntary enrollment in the program, community based treatment plans with supervised compliance by the courts, periodic review of treatment plans by community and judicial members, incentives and sanctions for compliance (or noncompliance) with the conditions of the court, and criteria for satisfactory completion of the program.

## **Goals**

Both professional and personal goals are made by participants of the mental health court system. The main goal is to set up a treatment plan to help reduce recidivism rates with mental health, and so the individual is properly medicated (Miller & Perelman, 2009). The treatment plan can get into multiple areas. The treatment plan can get into multiple areas such as substance abuse as many of the participants have co-occurring disorders, housing, and mental health treatments (Miller & Perelman, 2009).

## **Jail vs. No Jail**

There was a study conducted that tested the integrated treatment plans with people in jail compared to people who were not in jail. 1,440 individuals were used for the study (Kubiak et al. 2011). These individuals had both a mental illness as well as a substance abuse problem. The results were varied (Kubiak et al. 2011). The study also reviewed to see how many people had a co-occurring disorder and how many went to a jail in a four-year period (Kubiak et al. 2011). It also examined the characteristics of the person and also the charges. The study showed that

people who had a substance abuse problem as well as bipolar disorder or depression went to jail more (Kubiak et al. 2011). People who had substance abuse and schizophrenia were more prone to not go to jail (Kubiak et al. 2011). The study also showed that less people had co-occurring disorders, but there was a need for more services and funds to help out these people (Kubiak et al. 2011).

Castellano (2011) conducted a study that was done with four Midwest courts. The study focused on case managers and how they are able to reduce recidivism rates. Since there are many individuals who are being put in jail because of their mental state, the case managers become engaged in the treatment programs and the individual's progress. Case managers want to empower the individuals as well as make sure that they are following the rules. The authority of the case manager is judged by how much experience they have in their field. Many mental health court judges look to the outside for more clarification with treatment and different services that can be offered to participants. This also allows for case managers to use different methods to produce different outcomes.

### **Criminal Justice/Mental Health Consensus Project**

As cited by Mann, 2011, a study called the Criminal Justice/Mental Health Consensus Project created a database for the various 196 mental health courts that participated in the study in the United States (Mann, 2011). The courts submitted information based on criteria, eligibility, successful and unsuccessful completion of the program, funding sources, and how they reported group members (Mann, 2011). The data was then analyzed into percentages and how many courts responded to each question (Mann, 2011).

Completion rates are important in the successfulness of the Mental Health Court programs. There were questions that the Criminal Justice/Mental Health Consensus Project directed toward completion rates. Only 83 courts answered this question which is only 42% of the 196 courts that did the study (Mann, 2011). Out of the 42%, if the participant was successful, 81% dismissed the charges that brought the person to mental health court, 40% would reduce the time in supervision, 37% would reduce the charges, and 30% would expunge the charges that brought them to court (Mann, 2011).

Out of the 196 courts, 82 (42%) said what would happen if the participant was unsuccessful (Mann, 2011). Out of the 42%, 30% said that the sentence would still be served. 49% of the courts reported that the original case must be brought back to the original court processing (Mann, 2011). Thirty-eight percent of the 42% stated that the case must be brought back to the original court to be sentenced. Lastly, 33% has to be processed by the mental health court for charges (Mann, 2011).

### **Funding**

Mental health court funding is federally regulated. The Bureau of Justice Assistance (BJA) is mostly in charge (Mann, 2011) and the funds are distributed by the Justice and Mental Health Collaboration Program grants which are offered. President Bush signed the Mentally Ill Offender Treatment and Crime Reduction Act in 2004 which gives grants to state and local governments (Mann, 2011). The only catch with funding is that the court has to have non-violent offenders or misdemeanors (Mann, 2011). Another regulation that goes with funding is that the offenders must have a serious and persistent mental illness; they could also have a co-occurring

disorder and substance abuse. There is also funding available that helps with transitional care and other entry mental health programs that individuals coming out of jail or prison can utilize (Mann, 2011).

There are many ways a mental health court can get funding. The information stated that 74 courts, which is only 38%, receive funding (Mann, 2011). Out of the 38%, 57% of the courts receive funding from the state (Mann, 2011). Municipal funds come out to about 24%, while federal funds cover 31% (Mann, 2011). There are also state mental health funds which 39% of the courts reported that they receive (Mann, 2011). Court fees also count towards funding which covers 20% (Mann, 2011). 15% is from regional mental health funds as well as 5% from municipal mental health funds (Mann, 2011). Private foundations can also help fund mental health courts and those cover 12% (Mann, 2011). 8% gets tax levy and then the last 4% stated that they get funding elsewhere (Mann, 2011).

### **Reducing Incarceration**

Re-offending happens when a community is not sufficiently stable in providing the correct services for individuals with a mental health illness and also if they have a substance abuse problem. Offenders also are not given proper community resources when exiting the criminal justice system as well as both treatment options and support systems seriously lacking (Moore & Hiday, 2006).

Another study showed that more than half of the prison and jail population have a mental illness (Kaplan, 2007). Kaplan (2007) focused on a mental health court in Pennsylvania and the outcome of their program. It was the first one done in the United States and also compared costs with a traditional court model (Kaplan, 2007). Being able to conduct this two-year study showed that the mental health court was able to save taxpayers \$3.5 million dollars (Kaplan, 2007). Even though there was an increase in Pennsylvania with treatment services, reduced jail time was able to offset the cost of the treatment plans (Kaplan, 2007).

### **St. Louis County Mental Health Court**

“The mission of the St. Louis County Mental Health Court (SLCMHC) is to improve mental health, promote self-sufficiency, reduce recidivism, and offer cost-effective alternatives to incarceration and hospitalization for participants,” (St. Louis County Mental Health Court Policy Manual, 2012). The SLCMHC of St. Louis County consists of an elected judge and a team who represent agencies in the community. Since the Mental Health Court is not funded, because the court takes violent offenders, the judge and team volunteer to make this type of court accessible. Agencies included the team are from St. Louis County including The Center for Alcohol and Drug Treatment, Arrowhead Regional Corrections Probation Department, and a Public Defender (Judge Tarnowski, personal communication, February 18, 2013).

### **St. Louis County Mental Health Court Participant Requirements**

All participants are referred, voluntary, meaning that they consent to be in the program, and must be screened before being accepted into the program (Tahtinen, 2013). They are screened by the referral form, which can be done themselves, when they meet with a doctor, or when probation sees them in holding; which the team then analyzes the form to determine whether or not the offender has met the requirements (Tahtinen, 2013). The offender is referred is by either the offender’s attorney, probation officer, or the judge who is doing the sentencing



(Tahtinen, 2013). What can also happen is that anyone can take a referral form, complete it, and turn it in to the Mental Health Court team (Tahtinen, 2013). Requirements for the court are that the offender must have a severe and persistent mental illness as well as being sentenced with a felony or violation of probation (VOP) when beginning the court (Tahtinen, 2013). The referral form has many questions that ask about the kind of mental illness that the offender has, what they are being charged with, hospitalizations, assessments, chemical use, and if they are already being provided services. The team then meets extensively and makes a decision to either have the offender in court or say that the offender does not meet the requirements and unfortunately cannot be accepted. The judge and team members also offer that even though the offender may not meet the requirements, they can still come to the court if it helps. After being accepted, participants meet with the team and discuss treatment options, employment, housing, and their general needs.

### **Three Phases of the St. Louis County Mental Health Court**

There are currently three phases that the offenders must complete to graduate the program in St. Louis County. The first phase offenders complete is a minimum of 26 weeks and consists of reporting to their probation officer, attending treatment, working with the social worker, attending Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings and go to Mental Health Court once per week. In order to move on to the next phase, the offenders have to be clean and sober for 24 weeks. Phase two is a minimum of 13 weeks. In this phase the offenders have to again report to their probation officer, attend treatment groups, follow all treatment plans especially with medication, subject to urinalysis (UA) when needed and attend court at least every other week. To be able to move on to the last phase, the offenders have to again be sober and clean for 12 weeks. The 12 weeks also have to be consecutive to the 24 from the first phase. The last phase, phase three, is a minimum of 13 weeks. During this last phase, the offenders have to report to their probation officer, follow all treatment instructions, be subject to UA, and again be clean and sober for 12 weeks. Those 12 weeks must be consecutive to the previous two phases. The last requirement is that the offenders must attend court at least once a month, but can go to all four if needed.

### **Goals and Services of the St. Louis County Mental Health Court**

With any problem-solving court, there are services and goals that are offered. In the court, the participants must check in every week. There are different treatment plans in place for each individual. Since everyone is different, not every plan can be the same. The participants can also check in with doctors, psychiatrists, their probation officer, housing specialists, and job coaches. Also with the St. Louis County Mental Health Court, if the offenders ever need help in something that the court does not specifically deal with, the team members will refer the offenders with someone out in the community who can help focus on that specific issue.

### **Project Description**

There has not been much research done on mental health courts in the United States and this type of project would be challenging. Phipps accepted the project and details of the project were discussed with the McNair direction and her mentor. With her mentor's advice and help, there were several meetings with the judge who is on the Mental Health Court team about what the project would consist of. A decision came to have the impact of the mental health court on a participant's life as well as look at recidivism rates in certain areas. An Institutional Review

Board (IRB) application was done and submitted to the University of Wisconsin-Superior before Phipps could start her research. The IRB was needed because the researcher would be surveying a vulnerable population. The development of the survey was also done with the all the team members on the SLCMHC. Phipps wanted the input to be concise and defined so that, if the SLCMHC choose to, the survey can be used with future participants of the court.

## **Methodology**

The research process was explained to the participants and explained her background to establish trust. Confidentiality was stressed and the offenders were told that they were to remain anonymous and put no identifying information on the survey. The offenders were given the informed consent to read and then sign and return in a sealed envelope that was provided. After the informed consent was turned in, the offenders were each given a manila envelope that contained the survey, a pen, and another sealed envelope to put the survey in. Every package that held the survey, pen, and envelope identical. When the offenders were completed with the survey, they put the survey in the sealed envelope and then put it in the manila envelope and sealed that as well. The need for the offenders to put all information in a sealed envelope and then again in a manila envelope was to ensure confidentiality.

## **Sample**

Participants of the St. Louis County Mental Health Court took the survey on June 28, 2013 at 10:00 A.M. at the St. Louis County Courthouse in Duluth, MN. Out of the six participants who were in court, five voluntarily agreed to complete the survey. There were two women and three men who completed the survey. All were around the same age of early 30's to 40's.

## **Analysis**

Data was analyzed utilizing Microsoft Excel to organize and tables and graphs to show the information. Since there were only five surveys completed, each participant represented using 1/5. Each question was evaluated and put into percentages based on how the participants answered. Also, for certain questions, there are multiple answers which meant that not all of the percentages will add up to exactly 5. In the survey there were three parts that were to be addressed.

The first set of questions asked how they were referred, how long they have been in the program, legal charges, incarcerations, detox, and hospitalizations before the program.

### **Question 1: How were you referred?**

Answer:

Two fifths referred by SLCJ

One fifth from attorney or judge

One fifth from an Adult Rehabilitative Mental Health Service (ARMHS) worker and probation

One fifth from the SLC Social Worker and Public Defender

### **Question 2: How long you have been participating? 0-6 months, 6-12 months, 1-2 years, 2-4 years.**

Answer:

One fifth said 0-6 months

Two fifths said 6-12 months

One fifth said 1-2 years

One fifth said 2-4 years

**Question 3: How many legal charges? 0, 1, 2, 3, 4, more than 4.**

Answer:

One fifth said 0

One fifth said 1

One fifth said 2

One fifth said 3

One fifth said more than 4

Out of that two fifths were DWIs

One fifth were robberies

One fifth were burglaries

One fifth were assaults

One fifth was wrongfully obtaining assistance

**Question 4: How many times in jail/prison? 0, 1, 2, 3, 4, more than 4.**

Answer:

One fifth said 0

One fifth said 1

One fifth said 2

Two fifths said more than 4

**Question 5: How many admissions to detox? 0, 1, 2, 3, 4, more than 4.**

Answer:

One fifth said 0

Two fifths said 1

Two fifths said 4

Three fifths brought by the Duluth Police Department

Two fifths did not say

**Question 6: How many times hospitalized for chemical dependency/mental health issues? 0, 1, 2, 3, 4, more than 4. What kind?**

Answer:

One fifth said 1

One fifth said 2

One fifth said 4

Two fifths said 4+

The second set of questions asked about legal charges, incarcerations, detox, and hospitalizations about during the program.

**Question 7: How many legal charges? 0, 1, 2, 3, 4, more than 4. What kind?**

Answer:

Three fifths said 0

One fifth said 2

One fifth said 3

Two fifths were because of probation

One fifth was DWI

**Question 8: How many times in jail/prison? 0, 1, 2, 3, 4, more than 4. How long?**

Answer:

One fifth said 0

One fifth said 1

One fifth said 2

One fifth said 3

One fifth said more than 4

One fifth time in jail or prison

One fifth said weekend

One fifth said sixteen days

Two fifths did not answer

**Question 9: How many times admitted to detox? 0, 1, 2, 3, 4, more than 4.**

Answer:

Four fifths said 0

One fifth said 1

**Question 10: How many times hospitalized for chemical dependency/mental health issues? 0, 1, 2, 3, 4, more than 4. What kind?**

Answer:

Four fifths said 0

One fifth said 1

The last sets of questions addressed about general experiences with the program.

**Question 11: Had the court helped you? Yes or no. If yes, in what ways?**

Answer:

Four fifths said yes

One fifth did not answer

Common reasons for saying yes were that they had gotten treatment, held accountable, and being sober.

**Question 12: Types of programs participated in? Outpatient treatment, Inpatient treatment, Community Service**

Answer:

Four fifths said outpatient treatment

Three fifths said inpatient treatment

Two fifths said community service

**Question 13: Since being in the program, what applies? Stabilize medication, secure employment, safe housing, and counseling.**

Answer:

One fifth did not answer

Four fifths stabilizing medications

Three fifths said counseling

Two fifths secure housing

Two fifths secured employment

**Question 14: Any other types of services that would be beneficial?**

Answer:

Two fifths did not answer

Two fifths said more on housing

Three fifths said more educational and budgeting

**Question 15: Impact MHC has for future? Very positive, positive, moderate, or not positive.**

Answer:

Five out of five said very positive

**Discussion**

Out of the five participants, many answered all the questions completely. From what information that could be gathered, the St. Louis County Mental Health Court has made a significant impact on the participant's lives that completed the survey. Common themes for Part 1 were that many were referred by the St. Louis County Jail. More people responded that they were in the 6-12 month category for how long they have been in Mental Health Court. All participants had various legal charges before being admitted to the program. More than one person said that they were in jail for than four times. Four out of the five participants had admissions to detox, but the Duluth Police Department did bring most in. Also, more than one person said that they were hospitalized due to mental illness or chemical dependency issues.

Common themes for Part 2 were that many participants did not have any more legal charges. Due to sanctions and violations of probation, four of the five participants did end up spending time in jail or prison. Four out of five did not have any admissions to detox. More than half were not admitted to the hospital for chemical dependency or mental health issues. What can happen in mental health courts is that participants who are in phase one tend to have more complications since they are just starting or have only been in the program for a few weeks. Once participants are able to get into a routine and are able to get used to the program, there are less chance for errors.

Lastly, common themes for Part 3 were that four out of five said that the St. Louis County Mental Health Court has helped them in some way. All participants answered that they received some time of treatment and community service, and many had multiple answers to the question. Four out of five participants answered that they were able to get access to different types of services such as medication, employment, housing, and counseling. There was also a need for more attention on other types of services like education and budgeting as well as other housing options. The last question resulted in five out of five very positive results.

At the end of one survey, a participant added in a qualitative response. The participant wanted the researcher to understand that even though the Mental Health Court is extremely hard work, it is worth it. The participant also wanted the researcher to know that the team works extremely hard, and they are dedicated.

**Summary**

From attending the meetings and viewing how the court ran, the researcher saw how the mental health court process worked. The team met beforehand, discussed what was needed, and then conducted the court. Every participant had to go in front of the judge and talk about what was going on in their lives and the progress being made. Every participant was held accountable for their actions. They were all extremely attentive and the researcher could see that they did care about each and every participant.

The team is able to make sure to be a part of the participant's life and is concerned for their general well-being. The judge starts off talking with the participant by asking how things are going and if anything new is happening. When the researcher was there, one participant was having a baby in a few weeks and the judge asked what the name was going to be, if it was a boy or girl, and if the participant was ready for such a big step. If a participant did something well or finished a treatment program like cognitive skills, the judge would take out a figurine hula girl from the desk and do a little dance behind the bar. Everyone would start to laugh and it was a positive experience and recognition for the participant. Positive reinforcement and recognition is a tool that mental health courts need to have. This allows the participant to not feel demoralized as well as see that they can become a functional member of society.

### **What This Means for Social Workers**

Social workers can be used in mental health courts in many ways. The St. Louis County Mental Health Court has a social worker on their team which is usually the same for many courts around the nation. Social workers can also do administrative positions with substance abuse, mental health, and criminal justice agencies (Tyuse & Linhorst, 2005). Also if a family member of a client is involved with mental health court, the social worker can get involved by helping walk them through the process of having a family member in this type of alternative court (Tyuse & Linhorst, 2005). Because the social worker will be in contact with mental health courts, they need to be knowledgeable of the criminal justice system, substance abuse and mental illness, and services that can be provided (Tyuse & Linhorst, 2005).

### **Conclusion**

The results showed that the participants did progress as they went along the three phases. As with many programs, there are complications; however, the participant had to work through them. Guidelines were to be followed and all deadlines had to be met to work through the three phases of the program to be able to graduate. Each participant had significant legal charges as well as a serious and persistent mental illness that brought them into this type of alternative court program. The St. Louis Mental Health Court has been able to keep recidivism rates down with the participants that completed the survey through utilizing services medication, housing, employment, community service, and treatment plans. The five participants said that the court has had a very positive impact on their lives as well as keeping them accountable for their actions. Participants are able to maintain a positive support system and have access to the court system every week. Upon graduation, the participants are able to get recognition from the judge and team members as well as a plaque saying that they have completed the program. The completion of the program is that ultimate goal to the participant becoming a functional member of society.

With that being said, because the sample size was so small, there was not sufficient evidence that the impact has been positive for every individual. To be able to gauge this better, the researcher suggested that the survey be given every year to the new and current participants. This way, recidivism rates can be better tracked and evaluated.

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