



Mental Health Courts Show Promise

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DURING THE PAST DECADE, THE number of specialty courts designed to divert mentally ill individuals from the criminal justice system into appropriate treatment programs has grown from 4 to about 120. This growth has been driven by concern about the large number of inmates with mental illness in jails or prisons nationwide and the hope that connecting them with appropriate treatment will improve their quality of life while reducing communities' crime rates and incarceration costs.

Alternative programs that divert mentally ill individuals from the criminal justice system at the time of arrest, bail, or sentencing are also being explored. Now, a small but growing body of evidence is providing support that mental health courts and similar interventions may indeed benefit individuals and communities.

A recent report by the US Department of Justice (DOJ) estimated that more than half of all prison and jail inmates have a mental health problem, based on interviews with a representative sample of about 25 000 inmates (<http://www.ojp.usdoj.gov/bjs/abstract/mhppji.htm>). Interviews with inmates in local jails were conducted in 2002 and interviews with state and federal inmates were conducted in 2004. Between 35% and 54% of these individuals reported symptoms of mania, between 16% and 30% reported symptoms of major depression, and 10% to 24% reported symptoms of a psychotic disorder, such as delusions or hallucinations.

Only 1 in 3 state inmates, 1 in 4 federal inmates, and 1 in 6 jail inmates re-

ported receiving treatment during their incarceration. But H. Richard Lamb, MD, professor of psychiatry at the University of Southern California, said in an interview that many scientists feel the latest DOJ report's assertion that more than half of inmates have a mental health problem is too broad, because this estimate includes individuals experiencing symptoms of any DSM-IV mental disorder. Based on a 1999 DOJ estimate and estimates from the National Commission on Correctional Health Care, the prevalence in this population of major mental illnesses, such as schizophrenia, bipolar disorder, and major depression with psychotic features, is about 15% or 16%, he said.

TREATMENT, NOT PUNISHMENT

To reduce the number of mentally ill individuals who end up in jail, some state and local governments have developed mental health courts. Under this system, nonviolent offenders who are believed to have a mental illness are diverted into the mental health court, which mandates and

closely supervises treatment. Judges who preside over these courts undergo special training in mental illness, and proceedings are nonconfrontational and focus on getting an individual treatment instead of punishment.

These courts are based on the successful model provided by drug courts, in which individuals with substance abuse problems are placed into treatment programs. In addition to treatment, these programs include supervision, drug testing, and sanctions or incentives for program completion, in lieu of incarceration.

The first drug court was created in 1989, and as of November 2006, there were 1665 such courts in the United States and its territories, according to the *Summary of Drug Court Activity by the Bureau of Justice Assistance Drug Court Clearinghouse Project 2006*. The drug courts have a proven track record for reducing recidivism, providing offenders with affordable treatment, and boosting the number of patients who stay in their treatment programs, as well as cutting costs for taxpayers (Bureau of Justice Assistance and

Mental Health Problems Among Prison and Jail Inmates

Selected Characteristics	Inmates in State Prison, %		Inmates in Local Jail, %	
	With Mental Problem	Without Mental Problem	With Mental Problem	Without Mental Problem
Criminal Record				
Current or Past Violent Offense	61	56	44	36
Three or More Prior Incarcerations	25	19	26	20
Substance Dependence or Abuse	74	56	76	53
Drug Use in Month Before Arrest	63	49	62	42

Source: James DJ, Glaze LE. Mental Health Problems of Prison and Jail Inmates. Washington, DC: US Department of Justice; September 2006. <http://www.ojp.usdoj.gov/bjs/abstract/mhppji.htm>. Accessed March 16, 2007.



National Drug Court Institute. *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States*. 2004.).

"Drug courts can significantly reduce [crime] recidivism," said Douglas B. Marlowe, JD, PhD, director of the section on criminal justice research at the University of Pennsylvania Treatment Research Institute.

BOOSTING ACCESS, CUTTING COSTS

Mental health courts have also gained popularity and support in many regions in recent years, though data on their effectiveness are still emerging.

Some studies suggest that these courts improve access to care for mentally ill individuals who enter the criminal justice system. Others note positive outcomes for individuals who receive treatment through a mental health court. In Florida, a study of 121 defendants from the mental health court in Broward County and 101 defendants from a traditional criminal court in Hillsborough County found that mental health court interventions increased access to care (Boothroyd RA, et al. *Int J Law Psychiatry*. 2003;363:55-71). Of the defendants who went to mental health court, only 36% received behavioral health services during the 8 months prior to their initial court appearance compared with 53% receiving such care during the 8 months afterward. Individuals who went to traditional courts saw little change in their access to care, with less than 30% receiving behavioral health services before and after their court date.

The programs may also save taxpayers money by keeping mentally ill individuals out of prison. A report released in March by the RAND Corporation evaluated the cost of Pittsburgh's Allegheny County Mental Health Court (http://www.rand.org/pubs/technical_reports/TR439/). The study, conducted for the Council of State Governments Justice Center, compared the cost of putting mentally ill offenders through the mental health court over a 2-year period with the estimated cost of sending them through the traditional criminal justice

system over the same period, as well as with the expense associated with their prior arrests and criminal prosecution. The researchers determined that during the first year, the costs of putting an individual through the mental health court vs through the traditional system were roughly equal. However, because the individuals supervised by the mental health court required less intensive (and therefore less expensive) treatment during the second year, and because those who were successful in the program did not require incarceration, the cost of mental health court intervention costs was less than that associated with the traditional system.

John B. Engberg, PhD, a study author and senior economist at RAND, said that Allegheny County saved an estimated \$18 000 per person on average during the 2 years after the offenders entered the mental health court system. With about 200 individuals served by the mental health court each year, that would translate to about \$3.6 million savings for the county.

ALTERNATIVE APPROACHES

Other approaches to diverting mentally ill individuals away from incarceration and into treatment are also being studied. The Substance Abuse and Mental Health Services Administration (SAMHSA) created the Jail Diversion Initiative in 1997. This program provides grants to study the efficacy of jail diversion programs that identify individuals with mental illness at various points in the criminal justice system—at arrest, when bail is determined, in jail, or during sentencing—and offer supervised treatment and other services instead of incarceration. So far, SAMHSA has funded 32 sites, most of them treating individuals with comorbid substance abuse and mental illness.

"Our goal is to learn what we can from this effort so that we can help . . . states and communities across the country develop these kinds of programs," said Neal Brown, MPA, chief of the community support programs branch of the SAMHSA Center for Mental Health Services.

Preliminary data suggest individuals enrolled in the programs reduce substance use and experience a reduction in symp-

toms and an increased level of functioning. Henry J. Steadman, PhD, president of Policy Research Associates (Delmar, NY), a contractor overseeing the initiative, said that so far, 71 000 individuals have been screened at the various sites and 2650 of those have been enrolled in jail diversion programs. Among those individuals, 58% reported using alcohol at enrollment vs 30% at both 6 months and 12 months after enrollment. Additionally, 51% of the participants reported using illegal drugs in the 30 days prior to enrollment, while only 16% reported such use 6 months and 12 months afterwards.

The sites also used two different scales to assess participants' level of social functioning. One involved rating an individual's functioning on a scale of 0 to 4, with 0 being the highest level of functioning; using this tool, the researchers found that participants had a mean rating of 1.9 at enrollment and 1.3 at 6 and 12 months. The other scale, based on the Colorado Symptom Index, involved evaluating the individual for symptoms of mental illness and assigning a score of 0 to 50 (with 0 indicating no symptoms); participants had an average score of 31 at enrollment, which decreased to 22 at 6 months and 12 months. Results from both scales were significant.

QUALITY SERVICES NEEDED

While such preliminary data are encouraging, very little research has been done on the clinical outcomes of individuals with mental illnesses who receive treatment through mental health courts or similar programs. One hindrance to improving clinical outcomes, not surprisingly, appears to be the quality of care available to offenders in jail diversion programs.

An analysis of 97 offenders who went through the Broward County mental health court and 77 who went through traditional court programs found no reduction in symptoms of mental illness in either group up to 8 months following their initial court appearance (Boothroyd RA, et al. *Psychiatr Serv*. 2005;56:829-834). However, the authors concluded that this outcome was not an indicator of failure by the men-



tal health court but, rather, a reflection of the chronic nature of mental disorders and a sign that the community mental health services provided to these individuals might not be adequate.

Lamb said that the courts have no control over the quality or appropriateness of care the patients receive and that this particular group of patients is likely to be difficult to treat and to require a higher level of care than some other patients.

SAMHSA is currently promoting systematic improvements to state and local mental health systems across the country that may help improve the quality of care received by individuals in jail diversion programs, as well as those in the community at large, noted Brown. Additionally, the Jail Diversion Initiative aims to gather data on best practices; findings will be disseminated through the GAINS Center,

a clearinghouse for information on effective services for individuals with comorbid substance abuse and mental illness who are in the criminal justice system (<http://www.gainscenter.samhsa.gov/html/>).

“It’s a matter of getting programs and leadership in place to take the lead in getting people diverted and make sure the quality services are there [in the community],” Brown said. □