A Process Evaluation of Toronto's Mental Health Court for Youth: Preliminary Findings

KRISTA DAVIS, M.A.
PH.D. CANDIDATE, YORK UNIVERSITY

MICHELE PETERSON-BADALI
PH.D., C. PSYCH., OISE

TRACEY SKILLING
PH.D., C. PSYCH., CAMH

THE HONOURABLE JUSTICE WEAGANT
ONTARIO COURT OF JUSTICE

Scope of the Problem

The Scope of the Problem

- US data suggests as many as 66% of males and 75% of females meet criteria for one or more psychiatric disorders in juvenile justice samples

- In fact, the general consensus across studies is that the vast majority of incarcerated youth meet formal criteria for at least one DSM-IV disorder (estimates typically range from 70–100%)

- Comparatively, the prevalence rate of *any disorder* among normative populations in the US is estimated to be approximately 37% (Costello, et al., 2003)

Scope of the Problem – Canada
Toronto and BC studies of youth in custody

Youth in Custody

- 18- 31% current depression
- 30% any Anxiety disorder
- **25-50% PTSD**
- 20-33% estimated to have ADHD
- 30-70% Conduct Disorder
- **22-39 % met criteria for drug or alcohol abuse, (other est. up to 50%)**
- Recent study (BC) reports 6% identified with Schizophrenia

Youth in General Population

- 4-8% depression
- 4% of Canadian youth
- Less than 1% (PTSD)
- 5-10% estimated to have ADHD
- 4-8% CD
- 2-7% drug/alcohol abuse

- Likely less than 1% of youth (population estimates for adults about 1% for schizophrenia)

Mental Health Needs of Youth Assessed at the Adolescent Service – CAMH

- 80% of sample has at least one **psychiatric diagnosis** **(60% with 2 or more, 15% with 3 or more)**

  - ✓ Depression/Anxiety = 15% (*>25% with symptoms*)
    - Suicidal thoughts = 23% Suicide attempt = 14%
  - ✓ PTSD = 5%;
    - *35% clinically significant trauma/12% repeated exposure*
  - ✓ Substance Abuse Disorder = 10%
    - *40% clinically concerning* ***chronic use***

- Follow up research highlighting poor outcomes for youth with mental health symptoms that don't meet diagnostic criteria
- Comorbidity is the norm
- Youth with comorbid internalizing and disruptive behavior disorder had a six-fold increased risk for young adult recidivism compared with non-disordered counterparts (recent study by Hoeve, 2013)

Concurrent Disorders

- Armstrong and Costello (2002) comprehensive review:
  - ✓ 60% of youth with a SUD have a comorbid psychiatric diagnosis Most commonly conduct disorder, oppositional defiant disorder, depression, anxiety
  - ✓ In the CAMH Youth Addictions program our research suggested upward of 90% -- name change to Youth Concurrent Disorders Clinic as a result

- Highly relevant in youth justice from a mental health perspective and also from a criminal justice perspective *especially in light of poor prognosis and challenges in treatment*

Cognitive and academic issues

- Studies from several countries (Canada, USA, UK, and Australia) show problems related to cognitive and academic functioning are higher among youth in serious trouble with the law than youth in the general population

Scope of the Problem (data from UK, Canada, Australia, and US)

Youth in Custody

- 7-20% IQ<70 (below 2nd %ile)
- **31-40% IQ =70-79 (Borderline)**

- 7-75% Learning Problems (actual learning disability diagnosis estimates lie between 25-30% as most solid estimate)
- Problems in math, spelling and reading commonly noted
- Communications disorder noted as high as 60%

Youth in General Population

- 2%
- **9%**

- 5-10%

The Community Youth Court

The Community Youth Court (CYC)

- Focus on youth with mental health needs in the criminal justice system, looking to resolve their charges and facilitate access to community treatment programs
- Youth seen in a separate court that is more collaborative and less adversarial than the traditional court
- Goals of the CYC:
  - Improve access to community treatment services
  - Reduce case processing time
  - Improve the well-being of youth
  - Reduce recidivism
  - Increase community safety

Research on Mental Health Courts

- Very limited research on youth mental health courts
- Published dissertation found recidivism rates improved amongst youth after completing court (Behnken, 2008)
- Adult mental health courts look promising:
  - Have been found to reduce recidivism rates (Sarteschi, Vaughn, & Kim, 2011)
  - Have been found to increase treatment service usage (Boothroyd, Poythress, McGaha, & Petrila, 2003)
- Yet, very little is known about *how* these courts operate and what the proposed mechanism of change is

Relationship of Mental Health to Offending

Unpacking this issue is important theoretically

AND in terms of service delivery

Psychopathology Model

- Assumes a causal link between mental illness and criminal behaviour
- Treatment of mental illness is thought to reduce recidivism
- Bulk of research shows that treating mental illness improves mental health functioning but does not reduce recidivism

Calsyn et al., 2005; Chandler & Spicer, 2006; Clark et al., 1999; Skeem et al., 2009; Skeem et al., 2011; Steadman et al., 2009

Risk, Need, Responsivity (RNR) Model

- *Risk:* Most intensive treatment reserved for those at greatest risk of recidivism

- *Need:* Treatment should address criminogenic needs (i.e., factors empirically and *directly* linked to recidivism)

- *Responsivity:* Treatment should consider factors that impact individuals' ability to engage in/benefit from the treatment process

- Research shows that addressing criminogenic need reduces recidivism

Andrews, Bonta, & Hoge, 1990,; Hollin & Palmer, 2003; Schlager & Pacehco, 2011

Bringing it Together

Mental Health: Direct Effect

Mental Health → Criminal Behaviour

- Treat **mental health** needs to reduce criminal behaviour
- RNR: Mental health as a criminogenic need

Mental Health: Indirect Effect

Criminogenic Need → Criminal Behaviour

Mental Health

- Treat **criminogenic** needs to reduce criminal behaviour
- Treat mental health needs to address criminogenic needs more effectively
- Mental health as a responsivity factor

Mental Health as Criminogenic Need

Direct relationships between mental health problems and offending

- ✓ substance use disorders
- ✓ attention issues and impulsivity
- ✓ pedophilia
- ✓ [educational issues]

Mental Health as Responsivity Factor

Indirect relationships between mental health problems and offending

- ADHD ➔ may need stimulant medication in order to attend to treatment
- Anxiety disorder ➔ less group, maybe more individual; *trauma-informed care*
- Mood Problems ➔ motivation, cognitions, individual
- Cognitive Functioning ➔ modified treatment programming
- Concurrent Disorder ➔ need to treat both the mental health issues and substance abuse *together*

The Current Study

Current Study

Process Evaluation:

- Outlines *how* a program has been implemented.
- Looks at *how* the program achieves change.

Overarching Objectives:

- Evaluate the CYC's current operations.
- Evaluate the CYC's program model on the basis of empirical knowledge on how to treat justice involved youth with mental health needs.

Guided by the *Framework for Evaluation in Public Health Research* (CDC, 1999)

Research Objectives

Participant Characteristics:

- Describe characteristics of youth seen in the CYC
- Identify differences between program completers and non-completers

Court Operations:

- Identify basic court processes
- Determine case processing time within the court
- Identify treatment services accessed by youth

Need Match:

- Identify the degree to which treatment referrals match the youths' treatment needs and general areas of criminogenic need

Method

Participants

- Youth (n = 127) who participated in the court from 2011 – 2013
- Average age = 16.3 years
- Male = 71% (n = 90), Female 29% (n = 37)

Materials

- Client files: Standardized data collection form created to record information from intake form, case notes, mental health screening (MAYSI-2, Grisso & Barnum, 2001)
- Court dockets
- Case files: Includes court processing information on individual or sets of charges

Findings

Participant Characteristics

Mental health:

- Average # diagnoses = 1.5 (range 0 – 7)
- 82%: at least 1 diagnosis (most common: Mood & Anxiety, Externalizing)
- 89%: elevations on MAYSI-2 (Traumatic Experience = 48%)
- 6.5% had no identified mental health needs

Criminal Charges:

- Average # of charges =4 (range 1-17)
- Most common charges:
  - Assault (40.2%)
  - Break and enter/theft/auto theft (16.5%)
  - Drug related (15%)

Participant Characteristics contd.

Additional Factors:

- Approximately 1/3 of youth experienced one or more of the following:
  - Were not in school
  - Parents weren't involved in court proceedings
  - Did not live with family
  - Were involved with child welfare services

Completers vs. Non-Completers

Completers

- 82% (*n* =104) completed the program
  - Had higher motivation at the beginning and end of treatment

Non-Completers

- 18% (*n* = 23) transferred into the regular court stream
  - Were less likely to have a diagnosis

Motivation at beginning significantly predicted completion

Case Processing

- Average length of total case processing = 168 days
  - Case processing in typical youth court programs across Toronto = 138 - 161 days

- Average length of time spent in mental health court = 91 days
  - What accounts for this discrepancy?
    - Cases were seen approximately 5x in regular youth court before being transferred
    - Suggests a need to identify youth earlier in the court process

Court Operations

- 23% (n = 25) of youth had court date prior to seeing YMHCW
  - These youth were not screened by a mental health professional before being accepted
- Treatment Referrals:
  - Counselling (32%), intensive mental health treatment (22%), addictions treatment (16%)
  - Youth were connected to treatment within 1 month and in treatment for approximately 3 months

Treatment Match

- Mental Health Need Match:
  - 51% of youth referred for treatment that was either intensive or matched specific needs
  - 11% received assessments
  - 26% received general/unspecified treatment
  - 11% received treatment for needs not identified.
- Criminogenic needs addressed for 49% of youth

Summary

Strengths

- The use of mental health experts and mental health screening devices are an important part of evidence based-practice
- The mental health court has done an excellent job of assisting youth in connecting with treatment services
- The court operates efficiently and has been able to keep case processing times down once youth are in the court

Areas for Continued Growth

Formal screening procedures needed to identify youth entering the court…

- Will reduce overall case processing time
- Allows proper screening so youth without mental health needs are not being incorrectly placed

Comprehensive assessments of mental health *and* criminogenic needs…

- Will promote tailored treatment to address mental health needs & reduce recidivism
- Allows for an in depth understanding of factors found to influence this population (i.e., motivation, trauma, family functioning, school engagement)

Areas for Continued Growth

Formal treatment plans that consider assessment findings and are shared with treatment providers

- Promotes treatment that is targeted towards youth's needs

Conclusion

- The mental health court program under evaluation is an innovative program that addresses a significant area of need within the criminal justice system
- Mental health courts for youth are a new development and, as such, there is little empirical research on how these programs operate.
- The court has demonstrated a dedication to research to better understand program functioning and allow for future growth

THANK YOU!

A special thank you to our funding supporters:

The Department of Justice Canada

The Social Sciences and Humanities Research Council

The Canadian Mental Health Association

York University

References

Abramson, M. F. (1972). The criminalization of mentally disordered behavior: possible side effect of a new mental health law. *Hospital and Community Psychiatry, 23*,101-105.

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17,* 19-52.

Behnken, M. P. (2008). *An evaluation of the nation's first juvenile mental health court for delinquent youth with chronic mental health needs* (Doctoral dissertation). Retrieved from ProQuest. (3396750)

Bonta, J., Law, M., & Hanson, C. (1998). The prediction of criminal and violent recidivism among mentally disordered offenders: A meta-analysis. *Psychological Bulletin, 123*, 123–142. doi: 10.1037/0033-2909.123.2.123.

Boothroyd, R., Poythress, N., McGaha, A., & Petrila, J. (2003). The Broward Mental Health Court: Process, outcomes and service utilization. *International Journal of Law and Psychiatry, 26,* 55–71. doi:10.1016/S0160-2527(02)00203-0.

Calsyn, R., Yonker, R., Lemming, M., Morse, G., & Klinkenberg, D. (2005). Impact of assertive community treatment and client characteristics on criminal justice outcomes in dual disorder homeless individuals. *Criminal Behaviour and Mental Health, 15,* 236–248. doi:10.1002/cbm.24.

Chandler, D., & Spicer, G. (2006). Integrated treatment for jail recidivists with co-occurring psychiatric and substance use disorders. *Community Mental Health Journal, 42,* 405–425. doi: 10.1007/s10597-006-9055-6.

Clark, R., Ricketts, S., & McHugo, G. (1999). Legal system involvement and costs for persons in treatment for severe mental illness and substance use disorders. *Psychiatric Services, 50,* 641–647. Retrieved from http://psychservices.psychiatryonline.org.

Costello, E., Angold, A., Burns, H., Stangle, D., Tweed, D., Erkanli, A., & Worthman, C. (1996). The Great Smoky Mountain Study of Youth: Goals, design, methods, and the prevalence of DSM-III-R disorders. *Archives of General Psychiatry, 53,* 1129-1136.

Gretton, H. M., & Clift, R. J. W. (2011). The mental health needs of incarcerated youth in British Columbia, Canada. *International Journal of Law and Psychiatry, 34,* 109-115. doi: 10.1016/j.ijlp.2011.02.004

Gisso, T. (2008). Adolescent offenders with mental disorders. *The Future of Children*, 18, 143- 164.

HogeHenggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology, 65,* 821-833.

Hoge, R. D. (2008). Assessment in juvenile justice systems. In R. D. Hoge, N. G. Guerra, & P. Boxer (Eds.), *Treating the Juvenile Offender* (pp. 54-75). New York: The Guilford Press.

Hollin, C. R., & Palmer, E. J. (2003). Level of Service Inventory–Revised profiles of violent and nonviolent prisoners. *Journal of Interpersonal Violence*, *18*, 1075-1086. doi: 10.1177/0886260503254514

Kazdin, A., (2000). Adolescent development, mental disorders, and decision making of delinquent youths. In T. Grisso & R. Schwartz (Eds.), *Youth on Trial: A developmental perspective on juvenile justice* (pp. 33-65). Chicago: University of Chicago Press.

Roberts, R., Attkinson, C., & Rosenblatt, A. (1998). Prevalence of psychopathology among children and adolescents. *American Journal of Psychiatry, 155,* 715-725.

Sarteschi, C. M., Vaughn, M. G., & Kim, K. (2011). Assessing the effectiveness of mental health courts: A quantitative review. *Journal of Criminal Justice, 39,* 12–20. doi:10.1016/j.jcrimjus.2010.11.003

Schlager, M. D., & Pacheco, D. (2011). LSI-R scores over time: Making the case for needs-based case management. *Criminal Justice and Behavior, 38,* 541-553 doi: 10.1177/0093854811402300

Simourd, D. J. (2004). Use of dynamic risk/needs assessment instruments among long-term incarcerated offenders. *Criminal Justice and Behavior*, *31*, 306-323. doi: 10.1177/0093854803262507

Skeem, J., Manchak, S., Vidal, S., & Hart, E. (2009, March). Probationers with mental disorder: What (really) works? Paper presented at the American Psychology and Law Society (AP-LS) Annual Conference, San Antonio, TX. Retrieved from https://webfiles.uci.edu:443/skeem/Downloads.html.

Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior, 35,* 110–126. doi: 10.1007/s10979-010-9223-7

Steadman, H., Dupuis, S., & Morris, L. (2009, March). For whom does jail diversion work? Results of a multi-site longitudinal study. Paper presented at the annual conference of the American Psychology-Law Society, San Antonio, TX.

Vermeiren, R. (2003). Psychopathology and delinquency in adolescents: A descriptive and developmental perspective. *Clinical Psychology Review, 23,* 277-318.

Waddell, C., Offord, D. R., Shepard, C.A., Hua, J. M., & McEwan, K. (2002). Child psychiatric epidemiology and Canadian public policy-making: The state of the science and the art of the possible. *Canadian Journal of Psychiatry, 47*, 825–832.

Wasserman G., A., McReynolds, L. S., Schwalbe, C. S., Keating, J. M., & Jones, S. A. (2010). Psychiatric disorder, comorbidity, and Suicidal behavior in juvenile justice youth. *Criminal Justice and Behavior, 37,* 1361-1376. doi: 10.1177/0093854810382751