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The Influence of Mental Illness Severity and Treatment on Criminal Justice Success: the Mediating Role of Mental Health Courts

The overrepresentation of persons with serious mental health problems in the criminal justice system is well-documented. Persons with Schizophrenia, Bipolar, and Major Depression are up to five times more prevalent in jails and prisons than in the general population. To help combat this problem, one promising solution has been Mental Health Courts (MHCs). MHCs are specialty courts for persons with serious mental illness charged with crimes. They mandate treatment with the ultimate goal of diverting persons with mental illness from the criminal justice system into community-based treatment. There is consistent evidence that MHCs reduce arrests and number of days in jail. However, the mechanisms by which MHCs produce these reductions are entirely unclear. A presumption held by MHCs is that untreated mental illness causes criminal behavior, and that by treating the illness, criminality will decrease. However, this presumption lacks empirical support.

In the proposed research, the aim is to determine the pathways to criminal justice success (e.g., new arrests, self-reported violence) with an especial focus on the roles of type and severity of mental illness and access to, and engagement in mental health treatment. First, Redlich and her doctoral student will look beyond simple receipt of treatment and examine types of treatment (e.g., crisis/ER, outpatient, 24-hr residential care), as well as treatment motivation, satisfaction, and perceived barriers to treatment. Second, Redlich and her student will determine these pathways within a sample of offenders with mental health problems diverted to MHC and a comparable group who will remain in the traditional criminal court system, thereby determining if MHC participation mediates the relationship between disorder, treatment, and criminal justice outcomes.

Data from the MacArthur MHC study will be analyzed. This is the first multisite, prospective study and the most comprehensive to date on MHCs. The study included two samples of participants (MHC and TAU [treatment-as-usual], from four sites nationwide. Participants totaled 1,049 across the four sites and two samples, and were interviewed at enrollment into the court/system (baseline) and again six months later. In addition, a large amount of objective data were collected on arrest rates (obtained from

the FBI and the county) number of days and stays in jails and prisons, and treatment utilization in the community and jails. Objective data were obtained 12-18 months both pre- and post-court involvement. It is hypothesized that more severe mental illness will be negatively related to treatment utilization, motivation, and satisfaction, which in turn will be negatively related to criminal justice success. MHC status is expected to mediate these hypothesized relations, such that the effect of treatment on outcomes will be attenuated because of participation in the MHC itself. Overall, the MacArthur MHC dataset holds a wealth of data on people with serious mental illness involved in the criminal justice system, much which remains unanalyzed to date. A large part of the proposed research is to utilize the data to better understand the dispositional and situational factors that contribute to reduce recidivism for this population known to repeatedly cycle in and out of the system.