REPRESENTING THE CLIENT PERSPECTIVE OF THE SAINT JOHN MENTAL HEALTH COURT

by

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EXECUTIVE SUMMARY

The Saint John Mental Health Court (SJMHC) was created in 2000 to offer a unique court program that integrated the services of mental health, social services, justice, and public safety with the goal of meeting the needs of mentally ill individuals who engaged in criminal behaviour. Since it began, the SJMHC has had evaluations of its process and its effectiveness. However, what was missing was a detailed evaluation from the perspective of clients who had completed the program. Thus, the purpose of the current study was to evaluate the SJMHC from the client's perspective. For this purpose, semi-structured interviews were conducted with 22 former clients of the program and included representatives with completion dates from the year 2000 to 2007. Most participants were male, and described themselves as being Caucasian in ethnicity and single. Half of these participants had a criminal record prior to their involvement with the SJMHC. In terms of their mental health background, about half of the sample had a psychotic-related mental illness, such as schizophrenia or schizoaffective disorder, while other participants suffered from depressive illnesses, mental retardation, personality disorders, bipolar disorder, and/or substance-related disorders.

The interviews were conducted over a period of 3 months. All participants volunteered to participate in the interviews and were offered no compensation for their participation. Interviews were video-recorded with the participant's permission and transcribed for analysis.

The following section contains a summary of the interview analysis findings and is based on the themes identified in the content of these interviews.

- In response to the question of "*What was the SJMHC like for you*?", the majority of participants described having a positive experience with the court program. Some clients described it as a "good" program, while other specifically described it as a valuable learning experience for them. A number of participants described the atmosphere of the mental health court and the professionals working within it, as being understanding, supportive, and flexible.
- When asked to compare the SJMHC to their experiences in regular court, the majority of participants were much more positive in their comments about the SJMHC than regular court. Some clients appreciated the SJMHC's concern for their progress, which was a concern not often experienced in regular court. Further, the SJMHC was often viewed as being easier and more lenient than regular court, and clients felt that the specialized program showed greater sensitivity to mental health issues than regular court. A few clients, however, reported no differences between the SJMHC and regular court.
- A large portion of clients reported first hearing about the SJMHC from mental health staff. Another group of participants reported first learning about the SJMHC through a lawyer in regular court, while some had no memory of how they heard about the program because of the seriousness of their mental illness at the time of their referral. Notably, however, some participants indicated that they first learned about the mental health court program only after they were involved in it. Thus, some participants may have been too ill to remember consenting to participate in the program and/or may not have fully understood what the program was about until they appeared before the judge and went through the program.
- The majority of clients believed that the goals of the SJMHC were developed with their benefit in mind. Moreover, a number of clients felt that the approach of the SJMHC reflected a general sensitivity to the role mental illness played in their criminal behaviour. A significant portion of clients described their interaction with the MHC team members as

positive and supportive, and many participants recalled experiencing an atmosphere of respect and support as the most memorable elements of their involvement with the SJMHC.

- The majority of participants described themselves as being nervous, scared, and/or uncomfortable on their first day appearing before the judge in the SJMHC. However, this anxiety typically lessened as clients progressed through the program and they became increasingly more comfortable with the program and its process.
- Most participants reported an improvement in their mental health since their initial referral to the SJMHC program. Another group of individuals noted that their mental health had improved since they completed the SJMHC program, but that they are continuing to work on their mental health issues.
- The majority of participants said they would thank the SJMHC team members if they had the opportunity to talk directly to them. Some specifically commented that they would like to express their appreciation to the SJMHC team members and encouraged them to continue in their work with the program. Reflecting their positive impressions of the SJMHC, all participants indicated that they would recommend the program to a friend if the need arose.
- Only a few complaints/difficulties were reported about the SJMHC. A few participants in the program were dissatisfied with the long wait time to get into the court on the day of their appearance before the judge. This wait time has been reduced compared to the early days of the SJMHC's development, but it continues to be a source of frustration for some clients. A few participants also expressed concern with the length of their required involvement in the program, while at the same time recognizing that they may have needed the long-term intervention to address their particular issues.

Based on rating scales used during the interview with participants, the following conclusions were made:

- On average, participants reported being moderately motivated to participate in the SJMHC when they first started the program. However, once they had completed the program, participants rated the SJMHC highly in terms of the degree to which it helped them with their mental health problems. Most clients denied experiencing a return to significant mental health problems and denied re-hospitalizations for mental health reasons since they completed the SJMHC program. Further, most participants felt that the SJMHC helped them abstain from future involvement with criminal behaviour.
- Overall, participants reported a high level of positive life change due to their involvement with SJMHC program.

In summary, the experience of the SJMHC program from the client perspective was very positive. Only a few areas of improvement were suggested by clients. One of these suggestions was to reduce the wait time to appear in the courtroom. Another suggestion was for non-team members (such as sheriffs) to be more sensitive to clients' mental health issues while escorting them or supervising them as they wait to appear in court. Another area of improvement suggested by one client was for the MHC team to put more time and resources into cases that involve severe mental health problems and criminal offences, rather than what he perceived as the equal distribution of time and resources across all participants.

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Representing the Client Perspective of the Saint John Mental Health Court

Prevalence of Mental Illness in Offender Populations

The prevalence of mental illness within criminal justice populations is very high relative to the general population. Within a sample of Canadian male admissions to the Vancouver Pretrial Services Centre, 94% of these offenders were diagnosed with some form of mental disorder (e.g., 41% had an anxiety disorder and 10% had a major affective disorder; Corrado, Cohen, Hart, & Roesch, 2000). Another Canadian prevalence study (Brink, Doherty, & Boer, 2001) also found a higher rate of mental disorders among males recently sentenced to a term of federal incarceration relative to a non-forensic sample. Specifically, 30% of the incarcerated offenders had a lifetime prevalence rate for mood disorders in contrast to only 7% of the community sample. Similarly, 18% of offenders had a history of anxiety disorders relative to only 9% of the community sample, and 8% of the offenders were diagnosed with a schizophrenic/psychotic disorder compared to less than 1% of the community sample. The rate of substance abuse disorders was also very high. As many as 76% of offenders had a substance abuse disorder relative to the 33% prevalence rate among non-forensic males in the community. The high rate of mental health problems in offender populations is not just a concern in Canada. In 1998, an estimated 283,800 individuals with at least one mental illness were incarcerated in U.S. prisons and jails (Ditton, 1999). Thus, a significant proportion of offenders suffer from mental health problems, even when criminogenic diagnoses of antisocial personality disorder and substance abuse are excluded.

Despite the high prevalence rates of mental health problems in offender populations, the data suggests that mentally disordered offenders are at no greater risk of recidivism than non-mentally ill offenders. Villeneuve and Quinsey (1995) found that offenders suffering from psychosis did not differ significantly in their rate of general recidivism compared to non-psychotic individuals. Similarly, Harris and Koepsell (1998) found no significant difference in re-arrest rates between mentally ill and non-mentally ill offenders. Moreover, the predictors of recidivism are similar for mentally disordered and non-mentally disordered offenders (Bonta, Law, & Hanson, 1998). However, the research also suggests that mentally disorders offenders tend to commit less serious offences when they re-offend then do non-mentally ill offenders. Harris and Koepsell (1998) found that those who were re-arrested tended to be so for less severe crimes against property. In most cases, the association between mental illness and violence is also weak (Bonta et al., 1998; Clark, Ricketts, & McHugo, 1999).Thus, the public perception of mentally ill offenders as being more dangerous is an inaccurate portrayal for most of these offenders. There is an obvious urgency to treat these offenders for their illness, which may or may not be the cause of their criminal behavior, rather than simply leave them to the mercy of a legal system that is not equipped to deal with their specialized needs (McFarland, Faulkner, Bloom, Hallaux, & Bray, 1989).

The traditional jail environment is generally viewed as inappropriate for most people with major mental disorders. Traditional correctional institutions often lack the budgetary and management resources necessary for supplying specialized staffing and programming to meet the needs of mentally ill offenders (Wolff, 1998). Failure to adequately intervene with both the criminogenic and the mental health factors that indirectly or directly relate to a person's criminal behaviour is setting this person up to fail once he or she returns to the community. This failure often creates a "revolving door" pattern in which this person repeatedly cycles in and out of the justice system (Walsh & Holt, 1999). The consequence of the system's failure to meet the needs of this population has lead to what some experts refer to as the "criminalization of the mentally ill." This

phrase refers to the inappropriateness of the arrest or confinement of mentally ill individuals who commit petty crimes and who may be dealt with more appropriately through the mental health system, rather than by the criminal justice system (Teplin & Voit, 1996).

To minimize the criminalization of the mentally ill, alternative approaches to traditional imprisonment and purely correctional management have been developed. One of these methods has been the use of court diversion programs (Steadman et al.,1999). Diversion programs re-direct mentally ill offenders away from the legal system and into treatment/community support programs that will address their mental health needs (Lamb, Weinberger, & Reston-Parham, 2001). Mental health consultation is often an integral part of diversion programs. If diverted, mentally ill offenders are expected to comply with various requirements aimed at reducing their criminal behavior, while seeking community-based treatment for their mental illness. Lamb et al. (2001) distinguished between formal and informal diversion programs. Formal diversion are specifically designed programs that place a number of conditions on the defendant, such as having to participate in receiving treatment from the mental health system for a specified amount of time, but removes the offender from the regular justice system. Informal diversion can occur within the system by means of sentencing a mentally ill offender to treatment as a condition of his/her probation, but may also involve a reduction or dismissal of legal sanctions. Thus, outpatient mental health treatment is often integrated formally or informally as an element of the correctional plan in a diversion program.

An example of a diversion program exists in the Scottish legal system. This system uses a process known as primary diversion, which allows a prosecutor to make the complex decision of removing an accused from the process of prosecution if he/she believes that the criminal behavior was due to a psychological disturbance. In this program, those suffering from a mental illness, and who have committed a non-severe offence (e.g., shoplifting or trespassing) are more likely to be diverted than those who have committed more severe offences (Cooke, 1991). Davis (1994) found a significant association between diversion and charge seriousness. By analyzing the clinical files of individuals admitted to a Canadian provincial forensic hospital for pre-trial psychiatric assessment, Davis found that minor cases were diverted 54% of the time and serious cases were diverted only 37% of the time. Thus, diversion programs appeared to be geared more towards mentally ill offenders who have committed less serious crimes.

Steadman et al. (1999) discovered two important findings in his analysis of diversion programs in the 1990s. The first of these findings was that only 18% of jails in the U.S. had programs that fit the description of a diversion program. The second finding was that although such programs had widespread support, there were relatively few outcomes studies to evaluate their effectiveness with regards to reducing recidivism and improving mental health functioning. In another examination of a variety of diversion programs, Steadman (1992) concluded that there was one important factor among the most effective of the diversion programs. This key factor was the dedication of a staff member whose role related to the management of interactions between the mental health system and the legal system. This staff position has been referred to as a “boundary spanner” and requires the learning of a special set of skills in order to smoothly bring together the often competing systems in the program. This is a key staffing issue in that the goal is to create effective interactions among differing service systems, which must come together for some common goal.

When two or more different systems are required to work together, they often have clashing opinions and expectations of each other. An example of this would be in the manner in which the correctional system tends to view the mental health system as not taking criminal behavior as seriously as it should (i.e., mental health system is considered “soft” on crime). The mental

health system, on the other hand, may view the correctional system as being negligent in meeting the individual needs of those with mental illness (Roskes, & Feldman, 1999). In addition to the use of a boundary spanner, the concept of therapeutic jurisprudence has been a useful means for developing a common purpose and goal between the opposing systems of justice and mental health.

Therapeutic Jurisprudence is a term devised by Wexler and Winick (as cited in Drogin, 2000), and concerns the study of the role of the law as a therapeutic agent. This term emphasizes the necessity of sensitizing legal policy makers to the repeatedly ignored mental health policies that affect mentally ill offenders. It accentuates the therapeutic domain's importance and posits the belief that this domain should be considered in legal decision making. Stemming from the concept of therapeutic jurisprudence, mental health courts were a specialized diversion option developed to balance the needs of the legal system with the needs of the mental health system.

A Specialized Form of Diversion: Mental Health Courts

What is the conceptual model for a mental health court? What are the goals of mental health courts? How effective are mental health courts? These questions are rather complex and difficult to answer. Numerous mental health courts (MHC) have been established to manage the problems associated with the large number of mentally ill within the criminal justice system and were designed as a means of decriminalizing this marginalized group (Griffin, Steadman & Petrila, 2002). MHCs were initially modeled after another well known diversion program, the drug court. These specialty courts operate on the principle of therapeutic jurisprudence in that they create a therapeutic atmosphere in which to deal with mentally ill offenders and potentially provide a means of halting the revolving door pattern observed with this population.

The first MHC was established in Broward County, Florida in 1997. Since its inception, jurisdictions in North America have established over one hundred such courts. MHCs have been developed to meet the needs of individual jurisdictions, which have created variability in their goals, structure, and procedures. Although there is no prototypical model of a MHC, the literature does identify several commonalities among them. One of these commonalities is that MHC's are specialty courts with separate dockets that only include cases with mental illness or intellectual disabilities. A primary goal among many MHCs is to divert individuals with mental illness away from the criminal justice system and into mental health treatment. MHC's also involve the use of a collaborative team, which typically includes a clinical specialist. Specialized court monitoring and sanctions for non-compliance are often used. Voluntary participation of defendants in a treatment program is usually a necessary requirement of such courts. At the end of treatment, most MHCs offer a reduction in, or dismissal of, charges depending on the degree of compliance and treatment progress. Another common feature among MHCs is that treatment is often offered in the community (Boothroyd, Poythress, McGaha, & Petrila, 2003; Griffin et al., 2002; Moore & Hiday, 2006).

Despite their commonalities, there are also many differences among MHC's that make them difficult to compare and evaluate. The use of individualized treatment plans for each person who passes through the court makes it difficult to identify the effective treatment components of MHCs. In addition, the mental health services available vary in range and type depending on the local availability of resources. Many MHC's accept only cases related to less severe offences, while others may be more willing to accept higher risk cases. In some MHCs, supervision comes from mental health services, while supervision comes from the MHC team directly in other court programs (Redlich, Steadman, & Monahan, 2005; Steadman, Davidson, & Brown, 2001). Thus, these variations limit the identification of the essential components of MHCs that

contribute to their effectiveness, and also limits the generalizability of any evaluation study to the jurisdiction that housed a particular MHC.

The most extensive research on MHCs has focused on Florida's Broward County Mental Health Court. In 1996, the jail in Broward County housed 3,882 individuals with a mental illness at a cost to the County of upwards of $14.2 million (Petrila, Poythress, McGaha, & Boothroyd, 2001). Because they were already familiar with the implementation and use of specialty courts (i.e., drug courts), Broward County was well positioned to establish a MHC. A hallmark feature of this court was to expedite the processing of individuals with mental illness through the criminal justice system, but in a way that balanced the needs of these offenders with the safety of the community. The court utilized a pre-trial, non-sanction based treatment program that tailored treatment approaches to meet the individual needs and circumstances of each defendant (Office of Justice System Services, 2000).

The third annual report of the Broward County MHC (Office of Justice System Services, 2000) listed the many goals of this court. The first goal consisted of increasing and ameliorating the interactions between the legal system and the mental health system. Another goal was to make sure mentally ill individuals were not languishing in jail, as this could potentially exacerbate their illness. The atmosphere of this particular MHC tends to be more relaxed than the formalities of regular criminal court. For example, in contrast to the traditional court model dominated by judge-lawyer communication, Boothroyd et al. (2003) found that most of the communication during the initial hearing phase of the Broward County MHC pertained to direct dialogue between the Judge and the defendant.

One may think that research on the effectiveness of MHCs would have preceded the allocation of millions of dollars to implement such specialized programs, but this has not been the case. The urgency of reducing the number of mentally ill individuals in the criminal justice system took precedence over generating the evidence necessary for identifying the most effective methods for doing so. The vast majority of literature on MHCs contain descriptions of such courts, reasons for their implementation, and provide comparisons among different forms of MHCs, while only a few empirically examine outcome data related to the effectiveness of MHCs. Thus. there is a great need for research demonstrating the effectiveness of these programs (Trupin & Richards, 2003; Wolf & Pogorzelski, 2005).

The lack of research on the effectiveness of MHCs is not a result of "laziness" on the part of administrators and researchers, but has been attributed to the difficulties that are associated with the evaluation process of such courts. What makes these courts appealing may be what makes them difficult to evaluate; there is no single method for dealing with the clients involved in MHCs and treatment plans are often unique to take into account the needs of each individual involved. There also have been challenges with defining "success" in relation to MHCs. Successful outcomes could be viewed in terms of improved mental health functioning of the client, a reduction in recidivism risk, or a combination of the two effects (Schneider, Bloom & Heerema, 2007). Another reason for the difficulty in obtaining scientific research on MHCs concerns the practical issues of doing such research. Access to funds for such evaluations has been traditionally scarce. As the reputation of MHCs continues to grow, funding will hopefully become increasingly available (Watson, Luchins, Hanrahan, Heyrman, & Lurigio, 2000).

Of the few outcome studies conducted on MHCs, the evidence is promising. In one of the earliest outcome evaluations, Christy, Poythress, Boothroyd, Petrila, and Mehra (2005) reported that Broward County MHC clients spent fewer days in jail for their index offence at the time of admission to the program than a comparison group of non-MHC offenders, but these clients

were just as likely as non-MHC offenders to be re-arrested within 1 year of their admission into the program. Although MHC clients reported engaging in fewer acts of serious violence involving in injury or serious threats of violence (e.g., sexual assault, threatening with a weapon) than matched controls over an 8 month period, they were similar in the rate of less serious forms of aggression that did not result in injury (e.g., pushing, slapping). These data support the notion that MHCs can reduce the risk of serious forms of violence and reduce the risk of harm to the public.

Data from other jurisdictions provide even more promising findings. Moore and Hiday (2006) compared the recidivism rates of MHC clients with individuals processed through regular court over a 12 month follow-up period. The re-arrest rate of MHC clients was about half that of similar defendants in regular court. Although not all of the MHC clients in this group actually completed the full program, those who did complete it still had a re-arrest rate that was less than one-fourth that of traditional court participants. Positive outcome data also has been recently reported by McNiel and Binder (2007) for the Behavioural Health Court in San Francisco, California. They found that clients of this mental health court were less likely to receive new charges for any offence, or for a violence offence, relative to a group of mentally ill offenders who participated in treatment as usual within the correctional system. At an 18 month follow-up period, the likelihood of a MHC participant being charged with any new crime or a new violent crime was approximately 26% and 55% lower, respectively, than it was for mentally ill offenders who received treatment as usual. A missing piece of the data in the evaluations of MHCs concerns the impact they have on the mental health of clients involved in their programs. Nonetheless, MHCs appear to be providing better protection to the public than can be achieved in the regular correctional system. Although these specialized courts are capable of reducing the incidence of criminal behavior committed by mentally disordered offenders, but the reasons for this effect have yet to be elucidated.

The Saint John Mental Health Court

Of specific interest to the current study was the MHC in Saint John, New Brunswick. The Saint John Mental Health Court (SJMHC) commenced as a pilot project of the Provincial Court of New Brunswick on November 24, 2000 (Mental Health Court Saint John, 2003). The goals of this particular mental health court resemble those discussed above. This court is overseen by a MHC team that includes the following: a designated judge, a crown prosecutor, duty (defense) counsels, a probation officer, a psychiatrist, a psychologist, a mental health nurse, and a representative of the Salvation Army Residential Centre. These team members are dedicated staff assigned to the SJMHC, which creates consistency in court procedures and case planning.

The annual number of cases referred to the SJMHC has ranged from 20 to 39 cases, with a total of 190 cases reviewed by the program since it began (Brien, 2007). A total of 115 cases have been accepted into the program since 2000, of which 82% have actually completed it. According to the 2007 annual report (Brien, 2007), the most common single or multi-diagnoses of clients referred to the SJMHC since 2000 has been schizophrenia (46%), followed by substance-related disorders (43%), personality disorders (26%), mood disorders (22%), and mental retardation (15%). About 33% had a co-morbid Axis I disorder condition with substance abuse. On average, clients are enrolled in the SJMHC for up to a year and appear before the judge approximately 7.1 times prior to discharge (Joshi & Brien, 2005). Upon completion of the program, clients are presented with a certificate in recognition of their accomplishment. As of 2007, 95 cases have completed the program, 37 were ineligible for the program, 37 were assessed as unfit to stand trial or not criminally responsible, 14 were removed after admission, and only 10 voluntarily withdrew to return to regular court (Brien, 2007).

Of those individuals enrolled in the SJMHC, the majority are referred from a crown prosecutor or duty counsel when they meet these clients in the traditional court setting. The SJMHC only accepts cases that are not considered to be a public safety concern given that these individuals will be managed within the community. According to Joshi and O'Brien (2004), 60% of those involved in the SJMHC had no prior criminal record. Of those who did have a criminal record, the majority had less than five previous convictions. In addition, the risk of re-offending in clients involved in the SJMHC tends to be low to moderate based on estimates obtained from the Level of Service Inventory- Revised (see Goggin, Gendreau, & Smith, 2003). The four most common offences upon admission to the SJMHC population are assaults, breach of probation, theft, and uttering threats. Some examples of less common offences include willful obstruction, trespassing, break and enter, and assault with a weapon (Joshi & O'Brien, 2004).

The first full-scale evaluation of the SJMHC program was conducted by Goggin et al. (2003). Nineteen stakeholders (i.e., the SJMHC team and associated parties) were interviewed to obtain information from their perspectives about the court's purpose, process and impact. There was agreement among the stakeholders that the strength of the program rested in providing the mentally ill with a more humane setting within the criminal justice system. This was achieved by giving these clients an opportunity to produce positive changes in their illness through treatment interventions. These stakeholders argued that the SJMHC could provide clients with this humane approach because of its multidisciplinary approach to criminal law. There was also some agreement on the cost-effectiveness of the program. It was believed that instead of spending repeated amounts of dollars in small increments to manage these clients in a regular court with standard legal sanctions, the SJMHC spent the full amount once, but well. Goggin et al. (2003) compared the roles of the SJMHC team to their roles in a regular court setting. Although these professionals noted that their roles were more interactive and time-consuming in the SJMHC, they viewed their key activities as being the same as in regular court and they liked having more contact with the clients.

Joshi and Brien (2005) commented on an evaluation that compared the SJMHC to a regular court. In that comparison, mentally ill offenders from regular court (n = 22) and those from the SJMHC (n = 25) were matched on age, gender, and criminal history. Consistent with Christy et al. (2005), SJMHC participants spent fewer days incarcerated (26.6 days) compared to regular court participants (94 days). During the year of the comparison study, the percentage of SJMHC participants in either jail or a hospital was only 8% compared to 67% of those who went through regular court. SJMHC clients also gained access to more mental health services than the regular court participants during the year of the study. Involvement with the police was higher for the SJMHC clients; however, this may be due to the higher level of specialized monitoring provided to these individuals during their MHC involvement. The benefits of the SJMHC are further accentuated in the most-recent follow-up data maintained by the program. Specifically, as documented in their 2007 annual report (Brien, 2007), the rate of recidivism is rather low for participants who complete the program. Of those who completed the program over the past seven years, as many as 83% have not re-offended. When these individuals have re-offended, it is usually after more than a year of their discharge from the SJMHC (average of 19 months).

Goggin et al. (2003) also focused their evaluation of the SJMHC on its clients' perspectives of the program. Seven, out of a potential pool of 19, participants consented to an interview for the study. Results from these interviews included mainly the demographic information of the seven individuals and their criminal history, but some insight into their experiences of the court was obtained. Specifically, there was agreement concerning the positive perception of the fairness and compassion of the court among participants. This is consistent with Schneider et al. (2007),

who reported a high degree of self-reported satisfaction, fairness, and low coercion from MHC participants. Few complaints about the program were made, and primarily concerned procedural factors (e.g., long-wait times on day of court appearance). An up-to-date client perspective of the SJMHC is required using a larger and a more representative sample.

The Present Study

The current study expanded the Goggin et al. 2003 evaluation of the SJMHC by interviewing a greater number of individuals who have completed the program. The goal was to gather information from the client's perspective on a variety of topics (e.g., their perception of the program's strengths and weaknesses, their experience as they progressed through the program, its impact on their behaviour, and impressions of the team). These issues were examined by conducting semi-structured interviews with former SJMHC participants and coding the transcripts of these interviews for content themes representing clients' experiences of the SJMHC. In addition, the current study evaluated clients' experiences by means of self-report outcome ratings of the SJMHC's perceived impact on their: 1) likelihood of re-offending, 2) improvement in mental health functioning, and 3) overall positive life change. Given the exploratory nature of the study, no specific hypotheses were generated.

METHOD

Participants

The potential pool of participants included the 95 individuals who were admitted and completed the SJMHC program since its inception in 2000. A convenience sample of 22 clients from this pool agreed to participate in the study, reflecting a 23% response rate. Potential participants were first contacted by a member of the SJMHC treatment team to obtain permission to be contacted by the principle investigator for the purposes of the SJMHC evaluation. If the potential participant agreed to the sharing of their contact information, then the principle investigator phoned him/her to invite them to participate in a semi-structured "exit" interview about their experiences of the court. These exit interviews were designed to be completed as part of the standard discharge procedures of the SJMHC. No compensation was provided for their participation and all participants consented to having their interviews used for research purposes. This sample included eight clients who were discharged from the SJMHC in 2007, two in 2006, three in 2005, four in 2004, three in 2003, one in 2002, and one in 2001. Thus, most participants of the current study completed the program after the previous client perspective interviews were conducted by Goggin et al. (2003).

Participants in the current sample were mostly males (77.3%) of Caucasian ethnicity (86.4%), with the exception of 3 participants who identified their ethnicity as "other" (i.e., Acadian, and a combination of First Nations/Caucasian ethnicity, and a combination of Caucasian/African Canadian ethnicity). The sample ranged in age from 21 to 73 years, with a mean age of 42.5 years (*SD* = 13). Approximately 45% of participants reported that they were currently residing in a special care home, while 31.8% lived in an apartment and 18.2% resided at the Salvation Army Residential Facility. The majority of the sample described themselves as single (63.6%), while the remainder was divorced/separated (18.2%), currently married/common-law (13.6%), or widowed (4.5%). About 64% of participants did not have children and most were unemployed (86.4%). As many as 50% reported having high school/GED as their highest level of education, while 23% had junior high/middle school and 18.2% achieved some community college education.

Based on SJMHC records, the mental health diagnoses of participants in the current study included schizophrenia (40.9%), depressive disorders (36.4%), substance-related disorders (31.8%), mental retardation (22.7%), schizoaffective disorder (22.7%), unspecified personality disorder (13.6%), and bipolar disorder (9.1%). It should be noted that, for some participants, they were given more than one diagnosis. Thus, the categories of diagnosis reported here are not mutually exclusive. The diagnoses of borderline personality disorder, anxiety disorders, and pervasive developmental disorders were each only given to single individuals.

Fifty percent of participants in the current study reported having a criminal history, with an age of first arrest ranging from 16-34 years (M = 20.89, SD = 5.79). The total number of crimes prior to admission to the SJMHC ranged from 0-3 (M = 0.91, SD = 1.02). Most of these participants had a non-violent criminal history. Specifically, 22.7% of those with a record reported previous convictions for theft, 13.6% for break and enter, 13.6% for assault, 9.1% for weapons offence, and 9.1% reported "other" as a past charge. Other charges, such as robbery, mischief, fraud/forgery, sexual offences, and breach of probation, were each claimed by single individuals. It should be noted that these crime categories were not mutually exclusive; that is, some cases had more than one type of offence.

Materials

Semi-Structured Interview. A semi-structured interview was used (see Appendix A) to obtain information about clients' experiences of the SJMHC. This interview was initially developed by the SJMHC team as an "exit" interview for clients who had completed the program and was slightly modified for purposes the current study. The majority of questions contained within the interview were open-ended, while others asked the participant to rate certain aspects of the Mental Health Court program on Likert scales.

The first component of the interview was a demographics/case history section. This section obtained information regarding participants' age, ethnicity, marital status, education, as well as criminal behaviour and mental health history prior to their involvement in the SJMHC. The second section obtained information about participants' involvement with the SJMHC itself. This section was designed to acquire information about how participants learned of the program, their positive and negative evaluations of the program, and the nature of their involvement with the mental health court team. This section of the interview contained a rating scale in which participants were asked to rate the degree to which they felt motivated to participate in the SJMHC program, after deciding to apply for it, on a Likert scale of 1 (not at all motivated) to 5 (very motivated). The third section of the interview schedule acquired information about participants' experience of nearing the completion of the SJMHC program just prior to being discharged from it. The final section gathered details about clients' experiences since they were discharged from the SJMHC. This section of the interview contained three rating scales in which participants were asked to rate, on a Likert scale of 0-5, the degree to which the SJMHC decreased their likelihood of re-offending (0 = not at all helpful to 5 = very helpful), helped increase their mental health functioning (0= not at all helpful to 5 = very helpful), and contributed to an overall experience of a positive life change (0 = no change at all to 5 = very significant change).

Video Recorder. A digital video recording device was used to provide an audio-visual record of each interview and to allow for transcription and analysis of interview content.

Procedure

Participants were asked to meet with the primary investigator at a mutually convenient time at the Mercantile Centre or the Salvation Army Residential Centre for the interview. Upon meeting with the participant, the primary investigator described the study's purpose and obtained informed consent from the participant (Appendix B). If a participant was incompetent to provide consent, a legal guardian was described the study and asked to give consent. However, the client was only interviewed if he/she assented to participate as well. Informed consent/assent was also obtained for the video recording of the interview (Appendix C). This consent allowed for the sharing of the actual video with the SJMHC team, to allow the video to be used for training or educational purposes by the SJMHC team, and to allow the interview to be used for research purposes. Participants were informed of their right to withdrawal from the study at any time, and the right to decline to answer any question posed to them. Participants who wished to have a summary of the results were asked to provide the principle investigator with their contact information. A summary of these results has been distributed to interested parties.

Before the interview began, the primary investigator set up the video camera to record only the participant in the frame. The interviews took approximately 20-45 minutes to complete. Demographics, criminal history and diagnostic information were not recorded on the video to protect the individual's confidentiality, but this information was recorded on the semi-structured

interview form for data analysis. After completing the interview, participants were debriefed, thanked for their time, and invited to ask any questions.

The interviews were transcribed by the primary investigator, as well as a research assistant. Transcripts excluded personal identifying information about the participant to preserve confidentiality. Transcripts were then independently analyzed by the primary investigator and Dr. Campbell to identify major content themes within the interview data. Dr. Campbell and the primary investigator then met and mutually identified these themes. A coding system was then created to allow researchers to code the frequency of occurrence of the identified major themes within the open-ended responses to each interview question. Once identified, each theme was given a clear operational definition within the coding scheme. A second rater coded 20% of the transcribed interviews to test the inter-rater reliability of the coding scheme. The mean percent agreement across all themes was excellent (91.9%) and ranged from 82 to 100%.

A post-hoc decision was made to omit content from Questions 18 and 19 of the semi-structured interview due to their lack of clear relevance to the MHC program. Question 18 was “What kinds of things are you doing to keep yourself busy these days, do you have any hobbies/pastimes”? Question 19 was “Do you have any likes or dislikes about your current living arrangement”? In addition, the question pertaining to clients’ experience of the “beginning” part of their involvement in SJMHC (Question 15) was omitted due to its overlap with Question 14.

The three primary outcome measures for the current study were based on the three self-report ratings obtained during the interviews and were as follows: 1) the degree to which the MHC affected overall mental health of the individual (scale of 1-5), 2) the degree to which their involvement with the MHC helped them avoid committing another criminal offence (scale of 1-5), and 3) the degree to which the MHC improved their quality of life (scale of 1-5).

The SJMHC also provided basic information about each client in terms of index offences at the time of admission to the court program, dates of admission and discharge, number of appearances before the court, and legal outcomes from the court process.

RESULTS

Results from the current study were divided into two sections. The first consisted of quantitative analyses. This section included descriptive information about the sample's index offences, duration and number of court appearances in the program, the legal outcomes of the SJMHC for each participant, whether participants would consider recommending the program, and post-SJMHC recidivism and mental health relapses. The quantitative section also described the results for the three self-reported outcome rating scales and changes in clients' comfort as they progressed through the program. The second section of the results consisted of qualitative analyses of the interviews. The major content themes for the open-ended questions were identified and the percentage of participants who endorsed these themes was calculated.

Descriptive and Quantitative Analyses

Table 1 displays the index offences that led participants to initially become involved in the SJMHC. As shown in Table 1, almost half of the sample appeared before the SJMHC due to assault offences, while the remainder had charges related to non-violent crimes. However, these categories were not mutually exclusive and some participants had more than one charge. The duration of the SJMHC program for the sample ranged from 4 to 24 months (M = 12.77 months, SD = 4.92) and participants appeared before the Judge as little as 2 times to as many as 26 times (M = 11.32, SD = 5.92). Preliminary analyses were performed on gender and duration of the program. Although female clients were in the SJMHC program longer (M = 14.80, SD = 1.92) than male clients (M = 12.17, SD = 5.40), this difference did not achieve statistical significance, $t(20) = -1.05$, $p = .306$. A t-test assuming unequal variances between genders found that females tended to appear before the Judge at a marginally significant higher frequency (M_{female} = 14.4 appearances, SD = 2.61) than males (M_{male} = 10.41, SD = 6.36), t (17.14) = -2.06, p = .055. The higher number of appearances for females is not surprising given that the duration of involvement in the SJMHC was somewhat longer for female clients in the current sample.

Participants rated their initial level of motivation to participate in the SJMHC as moderate (M = 3.00, SD = 1.62). This motivation was similar for males and females (M_{male} = 3.07, SD = 1.44; M_{female} = 2.80, SD = 2.28;, t (18) = .311, p = .760) and did not vary as a function of criminal history (M_{crime} = 2.82, SD = 1.54; $M_{nocrime}$ = 3.22, SD = 1.79), t (18) = -.54, p = .593. In general, participants rated their comfort level with the SJMHC as progressively increasing from the beginning (M = 2.05, SD = 1.09), middle (M = 3.41, SD = 1.14), and end (M = 4.27, SD = 1.16) of the program. In particular, paired t-tests indicated that participants described themselves as being more comfortable at the middle stage of the program than at the beginning, t (21) = -6.10, p < .001. This positive change continued from the middle to the end of the program, t (21) = -4.30, p < .001. Finally, the level of comfort was significantly greater at the end of the court process than it was at the beginning, t (21) = -7.07, p < .001.

When asked to rate the degree to which they felt that the SJMHC helped them with their mental health difficulties, participants reported a high mean rating of 4.00 (SD = 1.41). Similarly, participants rated the degree to which they felt the SJMHC helped them avoid committing another criminal offence as high (M = 3.91, SD = 1.57). Finally, the degree to which the SJMHC positively changed participants' lives was also rated as high (M = 4.41, SD = 1.26).

Although only five females were represented in the current sample, preliminary gender comparisons were made for these three outcome ratings. There was no significant main effect of gender on ratings reflecting the degree to which the SJMHC helped with mental health

difficulties (M_{male} = 4.06, *SD* = 1.18, M_{female} = 3.80, *SD* = 2.17), *t* (19) = .354, *p* = .727. Gender also did not significantly influence the degree to which an individual rated the contribution of the SJMHC to their ability t abstain from future criminality (M_{male} = 4.00, *SD* = 1.41; M_{female} = 3.60, *SD* = 2.19), *t* (20) = .491, *p* = .628. However, males reported a significantly higher mean rating on the degree to which they felt that the SJMHC positively changed their lives (*M* = 4.70, *SD* = .59) than did females (*M* = 3.40, *SD* = 2.30), *t* (20) = 2.22, *p* = .038.

Correlations were performed to test the relationship between duration in the program and each of the three self-reported outcome measures. The longer a client was in the program, the lower the ratings regarding the positive influence of the SJMHC on participants' mental health functioning (*r* = -.23), abstinence from criminal behaviour (*r* = -.14), and overall positive life impact (*r* = -.18). Although all of these correlations suggested that the longer a person was in the program, the lower they rated its impact, these correlations were not statistically significant (all *p*s > .05). The failure to reach significance may be due to reduced statistical power associated with the small sample size. Thus, these associations should be interpreted cautiously.

Comparisons between participants with and without a criminal history indicated that there were no significant differences in the degree to which the SJMHC influenced their mental health difficulties (M_{crime} = 4.18, *SD* = .87; $M_{nocrime}$ = 3.80, *SD* = 1.87), *t* (19) = .61, *p* = .550; their perception of how it helped them avoid committing another criminal offence (M_{crime} = 3.91, *SD* = 1.64; $M_{nocrime}$ = 3.91, *SD* = 1.58), *t* (20) = .00, *p* = 1.00; or in terms of how the program changed their lives in a positive way (M_{crime} = 4.81, *SD* = .40; $M_{nocrime}$ = 4.00, *SD* = 1.67), *t* (20) = 1.58, *p* = .131.

Based on official records of the SJMHC, the majority (63.6%) of participants had their charges withdrawn when they completed the program, while the remainder was given an absolute discharge (9.1%), a suspended sentence (9.1%), a conditional discharge (9.1%), or a mixed legal disposition outcome (9.1%). When asked whether a participant would recommend the SJMHC to a friend, 100% said they would do so. When commenting in general on whether the SJMHC worked for them, 95.5% of participants said "yes". One individual was considered "ambivalent" in her response to this question by indicating "yes and no". On the one hand, this participant noted that the SJMHC helped her avoid a criminal record and allowed her more opportunities (such as getting a job) in her life, while on the other hand she felt that the SJMHC did not work for her due to her belief that a person can only truly be helped through God. Approximately 91% of participants denied having received any new charges since their involvement with the SJMHC. In addition, 86.4% of participants denied having experienced a mental health relapses since their involvement with the SJMHC program and only 13.6% required post-SJMHC hospitalization for mental health reasons.

Qualitative Analyses

To better understand the experience of individuals who have completed the SJMHC program, a qualitative analysis was undertaken of their interviews. In this qualitative analysis, themes were identified relevant to eighteen open-ended questions concerning their experience. Table 2 presents each open-ended question along with the identified major themes and the percentage of participants who endorsed each of these themes. Themes in Table 2 are not mutually exclusive; many participants reported several themes per question. In addition, the frequency endorsement of these themes should be interpreted carefully. The reader should note that, for example, even though only 9% of the sample reported a theme reflecting their view of the Judge as having a monitoring or disciplinary role in the SJMHC, this does not mean that 91% thought

he did not have this role. Rather, these percentages only represent the percentage of individuals who specifically commented on that theme in their open-ended response to a general question about their opinion of the Judge's role. If others had been asked directly for their opinion on this particular point of view about the Judge's role, others may have endorsed it as well. It should also be noted that, in the context of qualitative research, every client response is viewed as representing important data for documenting an individual's experience. As such, even themes represented by only one client should not be discounted as insignificant.

General Experience of the SJMHC: As is apparent from a review of Table 2, when asked what the SJMHC was like for them (Question 1), 67% of participants made a general positive comment about their experience. General positive comments consisted of such remarks as "I felt comfortable"; "It was good"; "It was nice"; "It felt like I was being helped in the process". About 1/3 of participants specifically made reference to the program as being understanding about their mental illness and appreciated its flexibility. The theme of an understanding atmosphere of the SJMHC was reflected in such statements as "They realized I was ill"; "The Crown understood my situation"; "I was treated as a human being and not a screw-up".

Some participants (32%) made neutral/ambivalent comments about the SJMHC, such as "It was an experience"; "It wasn't bad"; "It was a different experience", or commented on how their mental state at the time of their involvement interfered with their understanding of the program, especially early in their admission (e.g., "I was confused"; "I was unstable"; "I was not aware of what I was doing"). A few participants directly spoke about why they were referred to the SJMHC when describing general perceptions of their involvement. These comments related to explanations for their referral to the program and linked their behaviour to their mental health difficulties (i.e., "Assaulted a victim believing he was the source of voices"; "I was going through a manic phase of bipolar"; "I was unstable"; "I got overconfident and went off my meds"). Only one participant described their experience of the program negatively, by stating that "It was very painful, I was depressed by being reminded of what I had done, it was a nightmare". The context of this comment suggested that it had more to do with the participant's general concern with her legal troubles than with her experience of the SJMHC per se.

Comparison of the SJMHC to Regular Court: Question 3 and 4 of the interview were "What has been your experience with regular court", and "How does your experience in regular court compare to MHC". The responses to these questions were combined in the analyses here because of their similar content. Most participants had been to regular court in some fashion, either as part of the index offence or in relation to previous offences. Of those who had been in regular court for other criminal matters, their experience of that environment was generally negative (e.g., "I always lost my case in regular court"; "Regular court is harder on people"; "It was very scary"). When comparing their regular court experience with that of their SJMHC, some participants reiterated their generally positive impression of the SJMHC (e.g., "Mental health court is pretty good to you"; "They're more understanding"; "Mental health Court treats people with respect"). In particular, some participants had a general perception of the SJMHC as being more lenient than regular court, while some also felt that the SJMHC had greater appreciation for how mental health issues can be a mitigating factor for their criminal behaviour (e.g., "Sometimes mental health court understands that mental health issues are the reason you're having problems"; "Regular court doesn't seem to have the time to address whether you're psychiatric or mentally ill"). A few participants also made reference to the emphasis on intervention options in the SJMHC that are not as easily accessed in regular court. This theme consisted of such remarks as "Mental health Court refers you to different courses for help based on your problems"; and "Clients in Mental Health Court do things like write poetry/music, but in big court it's not like that".

Understanding the SJMHC and its Team: When asked to report on their understanding of how the SJMHC works (Question 6), 41% of participants made general comments reflecting an awareness that the program was designed for their benefit. Such comments included “They give you a lot of help”; “It wasn’t for the courts or mental health, it was for me, it’s for my benefit”; “A court that’s after your welfare”. Similarly, some participants accurately identified the specific purpose of the SJMHC as an entity that serves people with mental health issues who have also engaged in problem behaviour. Specifically, a number of participants reported that the SJMHC was sensitive to the influence of mental illness on the commission of their criminal behaviour and felt that the court recognized that mentally ill people may not always be fully accountable for their actions. Examples of this latter theme included, “They understand you’re not really responsible for what you do cause your meds aren’t working”; “They take into consideration your mental health problems/issues”. Further, one individual reported an appreciation for the discretion and privacy of SJMHC, which reduced the likelihood that personal matters would become public knowledge. Some individuals were also aware that a team approach was used within the SJMHC. Thirty-six percent specifically spoke about their positive interactions with the SJMHC team.

When speaking about the role of the various SJMHC team members (Question 7), almost half of the participants described mental health team members as supportive and accessible. This group also was accurately viewed as having an informational/expert opinion role (36%) and/or an assessment/evaluative role (27%). When asked how they were personally involved with the mental health staff (Question 8), most participants indicated that their interactions related to treatment provision, monitoring and evaluation (e.g., “Recommended therapy”; and “Got prescriptions”). Some participants had only limited involvement with the SJMHC mental health staff because they were being treated by private mental health professionals. Another important role for the mental health staff specially discussed by 18% of the sample was their role in getting participants involved in various activities to “keep them busy”. One participant commented that mental health staff assisted in their post-MHC preparations as well. Not all participants had special caregivers involved in their treatment program. Of those who did, most participants found them to have a supportive role and specifically noted their importance in assisting with their housing and basic living needs.

Thirty-two percent of participants accurately viewed the role of the probation officer as someone who monitor the client’s lifestyle and rule compliance. When asked about SJMHC lawyers in general, 41% described the lawyers’ roles as being one of advocacy for the client and as supportive. Some specially recognized that the defence lawyer’s role is one in which he/she represents the client’s interests. No clients made specific reference to the traditional adversarial role of lawyers in court and seemed to view both crown and defence counsels as supportive in the context of the SJMHC. Only a small portion of participants had a general negative view about lawyers’ in the program (e.g., “They’re idiots”; “They waste a lot of money”). Most of the interactions with lawyers was limited to just before, or during, their court appearance.

Most participants only interacted with the Judge in the courtroom. Many participants recognized the Judge’s top dog/decision making role in the court (e.g., “In charge of the whole court”; “Controls everything”), while another group also noted that the Judge had a supportive and reinforcing role and felt that he had a relaxed and engaging style while presiding in court. Eighteen percent of participants specifically noted the Judge’s sensitive nature during their interactions with him.

SJMHC Program Requirements: When asked what they had to do during their involvement with the program (Question 11), most of the sample reported that they had to take medication, keep mental health appointments, and/or had to participate in specific treatment programs. A number also were obligated to comply with Form 12/house arrest restrictions or a curfew.

Most Memorable Elements of the SJMHC: Participants were asked to describe the most memorable aspects of their involvement with the SJMHC (Question 9). The most common theme related to memories of the SJMHC as having an atmosphere of respect, support, and positive regard for the client in the courtroom. A few participants specifically reported that they most remembered the Judge's interest in their life and/or talents and positively recalled the special recognition he gave to them when he personally presented their completion certificates when discharged. A minority of the sample's most memorable elements of their involvement in the SJMHC pertained to their own behavior and/or mental state while in the program.

Criticisms of the SJMHC: Most participants denied having any major challenges or difficulties with the SJMHC (Question 12). Issues raised by those who noted concerns included frustration with the long waiting time on the day of one's court appearances, the long-term nature of the program and lack of a clear discharge date, obligating clients to appear in court, and the perception of the Judge as not listening sufficiently to counselors when they were providing information to the court. One client felt that the SJMHC should spend more time on explanations of expectations and procedures, especially for those individuals who have a lot of anxiety and those who are stubborn.

Perceived Strengths of the SJMHC: When asked about the most helpful aspects of the SJMHC (Question 13), some participants saw value in the reinforcement and encouragement that they received from the Judge and from the rest of the SJMHC team. Others noted that the withdrawal or reduction of legal sanctions upon discharge was particularly rewarding. Other perceived strengths of the program were captured by comments reflecting the SJMHC as being fair, flexible and as an agency that did not give up on the client. A few individuals also claimed that the strength of the SJMHC was that it helped to improve their personal functioning.

Experience of SJMHC from Start to Finish: When asked how they first learned about the SJMHC program (Question 5), 32% of participants said that they were first introduced to the program by mental health staff (e.g., support workers, social workers, etc.) and 23% reported hearing about the program from a lawyer. Notably, a portion of the sample (27%) described learning what the SJMHC was about only after they were admitted into the program. An additional 18% had no memory of how they first heard about the program, which is a state that some attributed to the severity of their mental illness at the time of referral.

When asked about the day on which they formally applied to enter the SJMHC program (Question 10), 45% of the sample described feeling nervous/scared. This fear appeared to be driven by their unfamiliarity with the program. Despite their anxieties, a number of participants said that they were "hopeful" when they applied to the program. This theme was reflected in such comments as "I knew I was going to get help"; "I was hoping I would get in because people were saying that it was better for me"; "Hoping that it would be understanding".

Similar to their experience of applying to the program, as many as 82% of the sample described feeling scared/nervous on the first day of their appearance before the Judge (Question 14). This theme consisted of such comments as "Terrifying"; "Thought I would end up in jail"; "I was shaking"; "Didn't know what to expect". Reflecting a different perspective, one individual experienced relief at being able to deal with his criminal charges. Participants were asked how

their experience changed as they went through the program (Question 15). Sixty-eight percent expressed reduced anxiety and a better overall experience with the court at the middle stages of the SJMHC program as compared to their initial involvement. A number of participants noticed self-improvement by the middle of the program, while only one individual reported continued discomfort in the program. Near the completion of the program, 27% specifically reported an increased feeling of being comfortable in court and 27% felt that they experienced additional self-improvements. A few individuals described feeling concerned about their life after the SJMHC because of an anticipated loss of support they worried would occur once discharged. Similarly, one individual reported a reluctance to leave the program given his own uncertainties with his ability to cope with fewer resources. This individual seemed comforted by the knowledge that he could continue to access the mental health staff if he needed to in the future.

In describing their experience of the SJMHC as end of their program approached (Question 16), 73% described this time point in positive terms. This theme consisted of such statements as “It made me feel good”; “I felt great”; “I was happy I was done”. Fifty-five percent of participants did not anticipate discharge on the day it occurred and were surprised by it. A number of participants spoke specifically about the certificate they received at the end of the program. Their statements suggested that the procedure for administrating this certificate was quite meaningful and many still have this certificate in their possession as a result. Some individuals also expressed appreciation for the professional assistance they received during their involvement with the SJMHC program. Moreover, half of the sample discussed how their mental health functioning improved since their initial referral to the program (Question 17). Another group of individuals recognized that their mental health improved somewhat by the time of discharge, but were still in need of assistance. A smaller group of clients reported that their mental health problems did not really improve despite their involvement in the SJMHC.

Perception of the Utility of the SJMHC: When asked what participants would say if someone asked them about the SJMHC (Question 20), a number of them indicated that they would share their perception of the court as being fair, sensitive, and reasonable. Participants would also tell others that the SJMHC is not like regular court (“it’s easier and nicer on you than regular court”) and that the program helps people avoid legal sanctions. A few specifically commented that they would tell a friend that the SJMHC helps people learn how to deal with their mental illness.

Twenty-seven percent of the sample expressed the opinion that their involvement with the SJMHC led to a change in their personal philosophy (Question 21) when asked to give examples of why (or why not) the SJMHC worked for them (e.g., “Opened my eyes”; “Made me want to get help”). Some felt that their success in the SJMHC was due to the avoidance of legal sanctions. A few participants specifically stated that their success in the program was the result of actually going through it. It should be noted that not a single client expressed a comment suggesting that the court had no benefit for them.

Client Feedback for the SJMHC Team: When asked what they would say if they had the opportunity to speak with the team members (Question 22), many participants wanted to thank the team and expressed their appreciation to these professionals. Some participants encouraged the team to continue their work (e.g., “Keep up the good work”; “Hope they keep supporting it”). When asked whether there was anything else they would like to share about their experience with the SJMHC (Question 23), some participants gave a final thank you to the team. In addition, a few reiterated their concern with an aspect of the courtroom procedure. Some of these comments included: “The long wait turns people off”; and “Sheriffs should turn off the radio if you’re hearing voices”. As a final comment, one individual wanted the team to know

that he has made a commitment to stay on the “straight and narrow” and now walks away from “risky situations”.

DISCUSSION

The purpose of the current study was to evaluate the Saint John Mental Health Court (SJMHC) from the first hand perspective of its client participants using a combined qualitative and quantitative research approach. The current study updated data obtained by Goggin et al. (2003) on this particular program by sampling a greater number of clients that included representatives from each year of the program's existence. Thus, the current document provided a snapshot of clients' experiences of the SJMHC from 2000 to 2007. This data is also valuable to the structure of mental health courts in general, as it highlights the importance of specific process variables associated with the MHCs that can not be easily captured by traditional quantitative methods of program evaluation.

Participants were aware that the intent of the SJMHC program is to provide a service to mentally ill individuals who have become involved with the law. Thus, the general intent of the SJMHC was successfully conveyed to its participants. The current study also found that clients who completed the SJMHC have a very positive impression of the program. Notably, 100% of participants interviewed reported that they would recommend the program to someone else. Further, almost all participants (95.5%) believed that the SJMHC "worked" for them in some way. Although the specific themes identified within the client interviews are shown in Table 2, the following discussion will integrate related themes where appropriate to summarize and discuss clients' experiences of their involvement with the SJMHC.

Atmosphere of the SJMHC

The little data available of the client perspective of MHCs suggests that these types of programs are generally highly rated in fairness by participants and most clients are generally satisfied with the services they receive as part of their involvement (Schneider et al., 2007). This sense of satisfaction and fairness in other MHCs was consistent with the client perspective of SJMHC. Specifically, the atmosphere of the SJMHC was described by a number of participants as emulating respect and kindness. They also noted the team's sensitivity to clients' privacy by means of such simple gestures as introducing unfamiliar observers in the courtroom. These factors were deemed by some to be helpful components of the program. The positive perception of the SJMHC endorsed in the current sample is similar to that found by Goggin et al. (2003) when they interviewed seven clients involved in the program prior to 2003. In their sample, participants felt that the SJMHC was fair and compassionate. It was also quite clear that clients in the current sample perceived the SJMHC more favourably than regular court. Many participants commented on how jail was a "terrible" place for mentally ill individuals and were thankful that a program like the SJMHC existed. Participants recognized that the SJMHC was more understanding of the effects of their mental illness on their behaviour than was regular court, and perceived the SJMHC as being more flexible and tolerant of "slips" in their behaviour.

Perception of the SJMHC Team Members

Most participants had a basic understanding of the roles of each of the SJMHC team members. All members of the team were viewed as having the welfare of the client in mind and were described as being supportive in some way or another (e.g., assistance with housing, treatment provision, offering of encouragement). One interesting finding related to the role of the Crown attorney. In regular court, the Crown typically has an adversarial role with Defense counsel. From the clients' perspective, the adversarial nature of their relationship was less obvious and the Crown was viewed as a support by some clients. This interesting dynamic likely reflects the client's perception of the entire SJMHC team as truly working toward the common goal of doing

what is best for him or her. Given that the Crown does represent public interests, however, it might be useful for the court to ensure that clients understand the differing roles and responsibilities of the Crown and Duty/Defense counsels soon after their admission to avoid misunderstandings about these roles within the structure of the SJMHC.

The role of the Judge in particular was described using nothing but positive comments. Many participants were grateful that the Judge was less strict than Judges in regular court. The SJMHC Judge was described as being non-judgmental and has having taken an interest in the personal lives of his clients. In short, they perceived him as caring about their welfare. In addition, clients appreciated that the Judge made sure they understood what was going on in the courtroom. It is possible that clients' respect for the Judge and his opinion assists the court in achieving its success with these individuals. In general, clients who are treated respectfully by an authority figure who cares about them may work harder to maintain that respect and receive reinforcement from this authority figure. Thus, the demeanor of the Judge within the SJMHC courtroom appears to be a very salient factor in the positive experience of the clients who participate in the program.

Perceptions of the SJMHC from Start to Finish

Based on client comments, most appear to have been first introduced to the idea of attending MHC by either a mental health professional or by a lawyer. As evident from the qualitative analyses, however, a portion of the sample reported learning about the SJMHC only once they had been initiated into the program. This raises questions about the voluntary consent required for application to the SJMHC and when this consent was actually obtained. It is possible that clients may have consented, but their mental health status at the time impaired their recall of this decision. It is also possible that an authorized third party consented for them. Nonetheless, it may be worthwhile to review the procedures used to explain the court program to potential clients, including the timing of when this consent is secured prior to applying to and/or starting the program. These procedures should ensure that clients are fully aware as to what they are consenting to partake in. This is particularly important in cases in which the client suffers from intellectual deficits or chronic mental illness.

Participants were moderately motivated to participate in the SJMHC program once they made the decision to apply for it. Qualitative analyses suggested that this level of motivation may have been due to their apprehension about the program and their unfamiliarity with its process. Most clients were anxious about their first appearances in the SJMHC. However, comparative analyses of participants self-report comfort ratings from various stages in the program indicated that they became more comfortable the longer they were in it. Initially, participants were uncomfortable at the beginning of the program when they did not know much about it. By the end of the program, participants reached a high level of comfort with the process of the program. This increasing level of comfort with the program likely reflects participants' greater understanding of the program as they became more involved in it. It may also reflect participants' positive response to the team's supportive, flexible, and understanding approach. Given the anxiety level of most clients prior to their first appearance in court, they might benefit from meeting with a SJMHC team member prior to their first few appearances. In this meeting, the team member could describe the court room, its procedures, its protocol, and expectations for their behaviour as a means of dispelling some of the client's worry and distress.

The interaction between the client and Judge appeared to be particularly meaningful to the client as he or she was discharged from the SJMHC. Specifically, many clients viewed the completion of the program as a significant accomplishment and were pleased to have had this

accomplishment recognized by means of a certificate presented by the Judge himself. The recognition and respect offered to the client by the Judge as he congratulated them and personally delivered the completion certificate was very reinforcing for clients. Notably, however, a few clients experienced anxiety about their ability to succeed post-discharge. It may be worthwhile to re-examine the discharge procedures to ensure that clients feel prepared to cope with their mental health and life issues after discharge. As noted by one client, his stress was reduced when told that he could continue to access the mental health staff after discharge whenever he felt he needed to do so. That is, it is important that clients not feel like they are going to be abandoned upon discharge, and that plans for continued care (when warranted) be in place prior to discharge to alleviate client worry and maximize their continued success in the community.

The majority of clients in the current study had their charges withdrawn upon completion of the SJMHC program. It was very apparent that not having a criminal record, having charges withdrawn at the end of the program, and/or earning a reduction in charges were viewed as reinforcing elements of the program for participants. The reduction in criminal outcomes and legal sanctions in response to positive changes in behaviour from clients when they complete the SJMHC has the potential to reduce the criminalization of this population. This is particularly relevant given that MHC program completers tend to have a lower probability of new charges compared to mentally ill offenders who do not participate in a MHC program (NcNiel & Binder, 2007). The court's use of discretion in withdrawing charges that had been accrued during the program for Fail to Comply, for example, goes a long way in de-criminalizing this population for difficulties in compliance that have more to do with their mental health issues than to an underlying criminal orientation.

In the current study, the majority of participants (91%) reported no new charges since their involvement with the MHC program. This outcome contributes to the growing database supporting the finding that MHC programs can have a positive effect on reducing the risk of offending behaviour in mentally ill offenders. Although this data is based on self-report information, the low recidivism rate is consistent with objective data obtained from official criminal record checks maintained by the SJMHC (Brien, 2007). The positive effect of the SJMHC was also observed on clients' self-report outcome data in the current study relating to its impact on their mental health functioning. Specifically, 86% of participants denied subsequent mental health relapses following their involvement with the SJMHC. Self-reported recidivism and mental health improvement ratings were similar for males and females, and were not significantly influenced by whether the client had a criminal history. Thus, clients perceive the SJMHC as having made a meaningful contribution to their ability to refrain from future criminality and helped them minimize the risk of relapse/deterioration in their mental health functioning.

Mean self-report ratings regarding the overall positive effect of the SJMHC on clients' lives were very high. Notably, there was a significant gender effect on this outcome variable. Males tended to rate the SJMHC as having a higher overall positive impact on their lives than did females. However, the mean rating on this scale was also high for females, just to a lesser extent than it was for males. This gender variation may indicate that, to some degree, the overall needs of male offenders were better served by the SJMHC program. Nevertheless, this finding is only preliminary given the small number of females in the sample and it requires replication.

The outcome ratings pertaining to the effect of the SJMHC on recidivism, mental health functioning, and the clients' lives were not significantly correlated with the length of time they were involved with the SJMHC. However, the ability to find significant associations was

restricted by the small sample size. An analysis of the trends within the correlations indicated that outcome ratings tended to be lower for participants who were in the program for longer durations. Should this trend be replicated in future research with a larger sample size, it may be explained by the fact that individuals who require longer treatment within the program are those who commit more serious crimes and/or are those who have more severe mental health issues. More complex and chronic cases are, by their nature, more difficult to treat and require longer periods of MHC involvement. Longer involvement in court programs may lead the client to become frustrated with the process, especially when their perception of personal gains is low. Alternatively, such a finding might also mean that chronic cases do not respond as well to MHC as do less complex cases.

Client Criticisms of the SJMHC

There were only a few areas identified by clients are weakness of the SJMHC program. One of the more prominent themes concerned waiting time. Many participants encouraged the SJMHC system to find ways of improving the long wait clients must endure before being called into the courtroom on the day of their court appearances. For many participants, this was a personal issue. Some felt that waiting was embarrassing because people knew they were waiting for Mental Health Court. Others found the waiting process to be more of a nuisance than an embarrassment per se. Others were also not pleased about the total length of time in the program. However, the length of the program was not always viewed as a problem. One individual commented on how, although it was a long program for him, the length was necessary to get him the help that he needed. Despite the sense of fairness clients perceive in MHCs, one individual felt that clients with more severe mental health diagnoses and problems should be paid more attention rather than give all clients equal amounts of attention.

Another area of improvement suggested by a client was that the sheriffs should be more sensitive to the client when escorting them to court or monitoring their behaviour at the time of their court appearances. As this participant noted, sheriffs' radios posed a difficulty for him because he was experiencing auditory hallucinations at the time and the sound of the voices on the radio added additional stress while waiting to appear in court. Although this was likely a single incident and may not warrant a response from the SJMHC, the potential lack of sensitivity to mentally ill offenders on the part of Sheriffs or police in Saint John would not be unexpected given that Canadian law enforcement officers typically receive little formal training on how to interact with those suffering from mental illness (Cotton, 2004). On a positive note, however, most police officers generally have the same, if not more, positive attitudes towards the mentally ill than the general public, and are likely open to special mental health training as it relates to their job (Cotton, 2004).

In their evaluation of the SJMHC, Goggin et al. (2003) criticized this program for not accepting high-risk cases that might be better served by the intensive level of treatment services available under the program. This criticism was based on the principle that effective correctional practice requires programs to match the intensity of an intervention to the risk-need level of the offender (Andrews & Bonta, 2003). Research has shown that programs complying with these risk-need-responsivity principles are more effective at reducing the risk of recidivism than those that ignore these principles in their treatment programming (Dowden & Andrews, 2000). Although other MHCs may restrict their clientele to low risk cases, the SJMHC clearly has opened itself up to consider cases with more serious index offences. In the current sample, almost half of the offenders had index offences related to assault or a weapons offence. Nonetheless, there are constraints on the degree of seriousness that a MHC can reasonably manage in the community given concerns for public safety. This constraint is reflected in the fact that most cases accepted

by the SJMHC typically have non-violent criminal histories. Nonetheless, acceptance of at least moderate risk-need cases that can be adequately managed in the community will go a long way in addressing the criticisms of Wolff (2002), who argued that most evaluations of MHCs artificially inflate their success rates by accepting only low risk cases.

Limitations of the Current Study

The blend of quantitative and qualitative analyses yielded an informative perspective on the experience of the SJMHC's process, objectives, and outcomes from the eyes of the participant. That said, there are a few limitations with the current study that should be noted by the reader.

1. The sample size was small. Although this sample was sufficient for the purposes of qualitative analyses, it hindered statistical power for the identification of significant differences and associations in quantitative analyses of the data. Additional data culmination using the same semi-structured individual protocol for the exit interviews will eventually offset this limitation.
2. Client perspectives may have been subjected to retrospective recall biases due to the time delay between their completion of the program and the timing of the interview (which ranged from weeks to years in the sample). Further, individuals who made themselves available for the interview may have been those who had more positive perceptions of the SJMHC, while those with more negative experiences were underrepresented. Thus, it will be important to ensure that all clients are offered exit interviews, even those who do not complete the program. The experience of these latter clients and their reasons for non-completion will shed light on ways of minimizing premature discharges from the program. To facilitate the collection of this information, clients could be asked to participate in the exit interview on the same day as they are told in court that they will be discharged without completing the program. A monetary incentive for participating in the interview may increase clients' motivation to participate in the early discharge exit interview.
3. Other than recidivism data, no data was available from which to verify the self-reported information provided by participants about their post-program outcomes. Thus, the present findings regarding the effect of the SJMHC on mental health functioning and its overall positive life impact must be interpreted in light of this lack of corroboration. Future research should ensure that consent is obtained from participants to access legal and mental health records to more objectively ascertain outcome. Nonetheless, the current data suggests that clients do perceive the SJMHC as a useful intervention.
4. The diagnostic composition of the current sample was not considered in relation to the thematic evaluation of responses provided during the interview. With the accumulation of addition cases, future evaluations of the SJMHC should compare diagnostic groups to determine whether the experience of the SJMHC varies as a function of diagnoses and case severity.

Conclusion

The perceptions of the SJMHC were almost consistently positive. The program was viewed as rewarding, helpful, comfortable, sensitive and fair. This study determined many aspects of the program that are helpful to clients, and identified a few areas to consider for improvement in the future. Further research is required to expand on clients' perspectives with a larger sample size. This research should also explore the factors that contribute to a client's success within the mental health court and do so by means of evaluating several outcome indices (i.e., recidivism,

compliance with treatment plan and community supervision orders, utilization of emergency services, re-hospitalization, improved mental health functioning). The identification of factors that predict success in a MHC will help the team better match clients to this service. Also, additional research needs to identify the components of the MHC process and interventions that are most beneficial to determining client success in terms of reducing recidivism and improving mental health outcomes.

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Table 1

Client Index Offences on Referral to the SJMHC.

Charge[1]	**Percentage**
Assault	45.5%
Breach of Probation	40.9%
Theft	22.7%
Mischief/Vandalism/Destruction of Property	18.2%
Fraud/Forgery	13.6%
Uttering Threats	13.6%
810 designation[2]	4.5%
Harassment	4.5%
Break and Enter	4.5%
Weapons Offence	4.5%

[1] A client could receive more than one index offence. Thus, these offence categories are not mutually exclusive and do not sum to 100%

[2] An 810 designation refers to a section of the Criminal Code of Canada that allows the court to impose sanctions on an individual who is deemed to be at a very high risk of engaging in future violence and is a danger to the public, but whom has not committed an actual offence.

Table 2

Percent of Client Theme Endorsement in Interview Transcripts for each Major Interview Question.

Themes	Percentage of Participants Endorsing the Theme
Question 1: What was MHC like for you?	
1. General positive comment (e.g., "it was nice"; "good"; "fine"	67%
2. Neutral comment/ambivalent response (e.g., "not all bad"; "a different experience")	32%
3. Experienced court environment as understanding/flexible (e.g., "more understanding about things"; "gave me a chance even when I screwed up; "Judge made me feel comfortable"; "crown understood my situation"; "caring")	32%
4. MHC was helpful with their legal process (e.g., "got some breaks because I would be in jail now otherwise"; "better served by my lawyer in MHC than in regular court"; "no charges in the end")	23%
5. Unstable mental state interfered with understanding of MHC (e.g., "confused", "unstable", "not understood for a while", "not aware of what I was doing")	23%
6. A learning experience (e.g., "interesting";" learned things; "chance to clean up my act")	14%
7. Noted procedural concerns with MHC (e.g., "long process, "long wait")	14%
8. Experience changed to a positive experience as progressed through MHC (e.g., "nervous, but then got use to it")	14%
9. Perception of MHC as easy/lenient (e.g., "dealt with it at an easier…softer level than regular could would; "it was a slap on the wrist")	14%
10. Uncertainty with process (e.g., "didn't know what would happen to me")	4%
11. Discomfort/negative experience of MHC (e.g., "It was very painful"; depressed at being reminded of what I had done")	4%

Table 2 continued

Themes	Percentage of Participants Endorsing the Theme
Question 2: Why were you involved in criminal court to begin with?	
1. Person-directed contact aggression (e.g., "assault"; "hit a girl at work"; "arguing with staff…and ripped her hair out")	41%
2. Direct reference to Mental Disorder as causing behaviour (e.g., "I was getting depressed and tripping out"; I was going through a manic phase of bipolar; "I was unstable and off meds")	32%
3. Theft (e.g., "stole my mother's bank card"; "outstanding restaurant bill")	23%
4. Threatening/threats to use weapons (e.g., "uttering threats with a weapon"; "running around town with a knife")	18%
5. General acknowledgment of criminal behaviour (e.g., "I broke the law"; "misdemeanor thing")	14%
6. Violation of Peace Bond/conditions of community supervision (e.g., "went back to location restraining order prohibited"; "wasn't following my court order")	9%
7. General damage to property/destruction of property (e.g., "tore up my apartment")	9%
8. Self-directed aggression (e.g., "I was going to stab myself")	4%
9. Object-directed aggression (e.g., "kicking in door"; "punched a hole in a wall")	4%
10. Break and Enter (e.g., "broke into my mother's house twice")	4%
11. Arson (e.g., "arson")	4%
12. Disclosed illegal behaviour to professional services (e.g., "I went to mental health to tell them about [my violent thoughts] and got charged")	4%
13. Robbery (e.g., "tried to steal a woman's purse")	4%
14. Denies offence(s) (e.g., "false accusation"; "somebody framed me")	4%
15. Made a false statement to police (e.g., "signed a false statement to police")	4%
16. Uncertainty of events/lack of memory of criminal act (e.g., "I don't remember")	4%

Table 2 continued

Themes	Percentage of Participants Endorsing the Theme
Question 3: What has been your experience with regular court?	
1. Never been to regular court (e.g., "I have no experience with it"; "never had to go there")	36%
2. General negative experience of regular court (e.g., "I always lost my case in regular court"; "regular court wanted to throw away the book right away")	32%
3. Neutral or non-specific comment about experience of regular court (e.g., "I had to go"; "I've been in court")	23%
4. Admitted to having charges dealt with in regular court on prior occasions (e.g., "I was on probation"; "I was charged with armed robbery")	14%
5. Reference to regular court environment and process (e.g., "very brief court appearances"; "regular court pushes you through as fast as you can")	14%
6. Was only ever in MHC, not really in regular court (e.g., "I have no experience with [regular court]")	14%
7. Positive experience of regular court (e.g., "was not too bad"; "I like it")	9%
8. No recall of experience in regular court (e.g., "I don't remember")	9%
9. Regular court evaluated Mental Health (e.g., "had a psychiatric assessment done & found fit to stand trial")	9%
10. Regular court imposed sanctions (e.g., "they give me either a fine or put me in jail"; "sentenced to 5 years")	9%
11. Mixed impression of regular court (e.g., "it was good and bad")	9%
12. Professional/observer role only with regular court (e.g., "I did security"; "I just went to see what it was like, never actually in it")	9%
13. Presence of Mental Health issues in regular court (e.g., "I couldn't defend myself or function properly"; I didn't know what was wrong with me")	4%
Question 4: How does your experience in MHC compare to regular court?	
1. Neutral comparison/no differences noted (e.g., "about the same"; "I wasn't in [regular court] long enough to say")	32%

Table 2 continued

Themes	Percentage of Participants Endorsing the Theme
2. Monitoring of, and concern for, client progress by the MHC (e.g., "in MHC they review you all the time"; "MHC makes you own up to your wrongful convictions and gets you the help you need"; MHC looks after your welfare")	23%
3. General positive impression of MHC (e.g., "MHC is good to you"; "MHC is more considerate towards anybody with a disability"; "MHC treats people with respect")	18%
4. General perception that MHC is more lenient than regular court (e.g., "Judge Brien was a lot more lenient than the other Judges I've gone before in the past"; regular court is more strict and the Judge is more strict")	18%
5. More freedom for client advocacy (e.g., "MHC has patience with you"; "MHC was an atmosphere where I was finally allowed to say something"; sometimes in regular court the duty counsel can't really do anything, but in MHC they can actually do and say something")	18%
6. General differences observed (e.g., "big difference", "little bit of differences")	14%
7. MHC is easier than regular court (e.g., "MHC is a lot easier than regular court"; "you go through MHC and deal with your injustices easier"; "MHC is like a walk in the park and regular court is like walking on nails")	14%
8. Greater sensitivity to mental health issues as contributing to behaviour (e.g., "regular court doesn't seem to have the time to address whether you're psychiatric or mentally ill; " [MHC] sees that you have a mental health problem and try to help you"; "sometimes MHC understands that mental health issues are the reason you're having problems, while in regular court you have nothing you can say and they just throw the book at you and throw you in jail")	14%
9. Pace of the court process (e.g., "MHC seemed quicker to get by"; "regular court is very busy and MHC takes the time"; "much more relaxed and slower in pace in MHC"; "the regular court is back logged…they don't have time for an individual, so MHC is the only way for someone like myself")	14%
10. Court outcomes (e.g., "If you do well, they let you off"; "in regular court there is a good chance that I could have gone to jail")	14%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
11. Intervention options in court (e.g., "MHC refers you to different courses for help based on your problems")	9%
12. Greater sensitivity to client's emotional state during proceedings in MHC (e.g., "I was scared, but the Judge told me not to worry about it…Nobody ever told me it was alright to be scared in court"; "in MHC, the Judge practically opened his hands and embraced me")	4%
13. No recall of experiences (e.g., "I don't remember")	4%
Question 5: How did you first learn about/who told you about the MHC?	
1. Introduced by Mental Health staff (e.g., social worker, support worker, psychiatrist)	32%
2. First heard about MHC when in MHC (e.g., "found out through having to go"; "I found out after the fact…I didn't know I was in it"; "I just went to court one day and I was there"; "I didn't even know I was going to MHC until my lawyer told me"; "you just get sent in"; "nobody told me"	27%
3. Lawyer (e.g., "it was my duty counsel that told me")	23%
4. Does not know how first learned about MHC (e.g., "I don't know who exactly told me"; "I don't remember)	18%
5. General comment of first learning of MHC in regular court (e.g., "They told me when I was in regular court")	9%
6. A Judge (e.g., "it was recommended by the courts")	9%
7. A Special Care Home	4%
8. Advocate (e.g., "my friend that works as an advocate for Region 2 in Fredericton mental health system)	4%
9. Combination of Judge and mental health (e.g., "Judge Brien and Sue O'Brien discussed my case and switched me from regular court to MHC")	4%
10. Police (e.g., "the cops wrote it on my criminal record")	4%
Question 6: What is your understanding of how the SJMHC works?	
1. MHC goals are intended to be for client benefit (e.g., "they get you the proper help you need"; "it was for my benefit"; "a court that's after your welfare")	41%
2. Understands MHC team-client interaction is positive in orientation (e.g., "they're not there to scream and yell at you, they try to keep you calm"; "they seem to care a little more"; "they don't judge you…they're fair")	36%

Table 2 continued

Themes	**Percentage of Participants Endorsing Theme**
3. Understands that a client has certain responsibilities in MHC (e.g., “all you gotta do is stay attentive, stay alert, and listen”; “you got to court and whatever the Judge tells you to do, you do it”; “you have to show and prove you are remorseful for what you’ve done”; “have to be honest…and accept the consequences of what [you] did”)	32%
4. General understanding that MHC serves those with a MH issue with problem behaviour (e.g., “it’s a court system for people with mental illness”; it’s set up for mentally ill offenders”; “for people with nervous conditions and take medication and have to see mental health workers if you get in trouble with the law”)	27%
5. MHC is sensitive to the role mental illness plays on commission of criminal behaviour and may not always be fully responsible for their actions (e.g., “they take into consideration your mental health problems”; “they understand that you’re not really responsible for what you do ‘cause your meds aren’t working or you took too much or too little”)	27%
6. Understanding of the procedures/structure of MHC (e.g., “long wait”; “it all works and you come through the system and you end up graduating or not”; “it works pretty well the same as criminal court except in MHC there’s a psychiatrist and nurses, and people from the Salvation Army”; “you have to go back every month, 2 or 3 months, for follow-up, then eventually you graduate”)	27%
7. Neutral/Vague comment (e.g., “in some cases, like mine the doctor takes you off medication…the doctor screws up and I get sent to court”; “MHC is like giving a baby something sweet”)	18%
8. Understands that a team approach is used in MHC (e.g., “it’s a team of people, counselors, lawyers, psychiatrists, nurses, judges, they look at the situation and discuss it and come up with a better plan than having people with mentally illness thrown in jail”)	14%
9. Understands there are potential legal consequences of MHC (e.g., “[MHC clients] are also penalized…something like probation”; “if you go through regular court you get a criminal record, but not in MHC…they drop the charges”)	14%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
10. Negative View of MHC (e.g., "part of it you're going like, Are they covering up for mistakes they've made?"; MHC is like kangaroo court")	9%
11. MHC is understanding and lenient in its approach to clients (e.g., "more lenient"; "more considerate about a person's problems and why these things happen"; "it's more understanding towards people with mental illness")	4%
12. Removal of stigma/privacy (e.g., "nobody knows you're in the courts, it's not in the paper")	4%

Question 7: How did you see the role of the MHC team members?

Mental Health Centre Staff	
1. Supportive and accessible role of MH staff (e.g., "helpful"; "there if I needed them")	41%
2. Informational role/ Expert opinion role of MH staff in MHC context (e.g., "tell the court my diagnosis/mental health status"; "tell the court the effects of my medications and the effects of what I've done"; "they provide recommendations on how a person can be helped"	36%
3. Assessment and evaluative role of MH staff (e.g., "they had to review me"; "ask you questions, like how you feel, what your concerns are"; "their role is to evaluate")	27%
4. Neutral comment/no memory on MH staff role (e.g., "they sit back and listen"; "I don't know")	27%
5. Intervention/treatment provision role of MH staff (e.g., "put me on meds to take care of my disorder"; "they find the best plan to get you back on your feet")	14%
6. General Role: MH staff dealt with mental health issues (e.g., "they were for my mental health")	9%
7. MH staff provided explanation of, and supportive assistance with, the court process (e.g., "they would explain before you went in and anything you couldn't remember they would stand up and tell the Judge")	4%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
The Lawyers	
1. Support and advocacy role of lawyers in general (*this theme may apply more to duty counsel than the crown*; e.g., "they supported me and stood up for me"; "usually had good things to say about me"; "made it easier on me"; "supportive and helpful")	41%
2. Defence's role is to represent client interests (e.g., "acts as defence"; "reassured me that things were going pretty well and they were behind me all the way"; "they talk to the Judge for you")	27%
3. Lawyers had an informational/administrative role (e.g., "they would tell you what happened that day [in court]"; "ask you questions and answers"; "they inform you…they make you understand why you are there")	14%
4. Crown had a prosecutorial role (e.g., "crown prosecutes you"; "the crown is against you")	14%
5. General positive view of lawyer's role in MHC (e.g., "they were pretty understanding"; "they were a class act all the way through")	9%
6. Negative view of lawyer's role (e.g., "they're all idiots"; "they waste a lot of money")	9%
7. Lawyers review client progress (e.g., "they reviewed my reports and proved me comments on progress"; "follow me up and make sure I am on the right track")	9%
8. Uncertainty regarding the role of the lawyers (e.g., "I don't know")	9%
9. Crown has an understanding role (e.g., "seemed to understand my case to")	4%
10. Lawyers make recommendations to the judge (e.g., ask for me to have more time out [of house arrest]")	4%
The Judge	
1. "Top Dog" role of judge/decision maker (e.g., "in charge of the whole court"; "controls everything"; listened to both sides of the story and made decisions upon what was said'; makes the final decision" "comes up with what's best for the individual")	41%
2. General comment on judge's role (e.g., "talks to you in court"; "class act all the way")	14%
3. Supportive and reinforcing role of the judge (e.g., "supportive"; "he was more than fair to me"; "praised me from day one"; "he didn't put me down or make harsh judgments on me")	14%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
4. Relaxed and engaged style for presiding in court (e.g., "really laid back"; "he was more passionate in MHC than in regular court")	9%
5. Judge expressed interest in client perspective on what might help (e.g., "asks you questions like, how can I help you out?")	9%
6. Monitoring/disciplinary role of the judge (e.g., "he wasn't made when he talked, but just when I messed up he would lecture me a little bit and send me off on my way"; to decide whether I was going through the motions properly and keep my probation order and make sure I'm staying on track")	9%
7. Neutral comment on judge's role/unsure (e.g., "hard to explain")	9%
Caregivers (not all clients had caregivers)	
1. General supportive role of caregivers (e.g., "support and that kinds of thing; "take care of you")	27%
2. Caregivers role is to assist with housing and basic living needs (e.g., "helped you out with housing situation"; I was in a 24 hour care home, someone was cooking")	14%
3. Caregivers role was to make and provide reminders for appointments (e.g., reminded me of appointments)	9%
4. Caregivers are present in court (e.g., they're in attendance also"	9%
5. No role for caregivers (e.g., "they weren't involved")	9%
6. Uncertainty regarding caregiver role (e.g., "I don't remember")	9%
7. Caregiver role was to provide transportation (e.g., "take me to visits"; "takes me to get groceries")	4%
8. Caregiver provides reminders and assistance with medication needs (e.g., "helpful to the offender with taking medications")	4%
9. Controlling role of caregivers (e.g., "I didn't have much of a say")	4%
Probation Officer (not all clients had a probation officer)	
1. Monitoring lifestyle and rule compliance role of probation officer (e.g., "keep me on the straight and narrow"; "let me know that I have to follow the conditions that were set"; "makes sure you are abiding by the rules")	32%
2. Positive/supportive role of probation officer (e.g., "a really good guy"; "there for support")	9%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
3. Probation officer reports back to court on client progress (e.g., writes about my life and alcoholism)	4%
4. Risk assessor role (e.g., “would I re-offend”; “ he compared my mental health a lot of the breaking the of the law that I did”)	4%
5. Limited contact role of probation officer (e.g., “didn’t see him a whole lot”)	4%
6. No memory on probation officer role (e.g., “I don’t know if I had one”	4%

Question 8: What was your personal involvement with each of the Team members?

Mental Health Centre Staff	
1. Treatment provision, monitoring and evaluation meetings (e.g., “visit psychiatrist every couple of months”; “came and talked with them“; “got prescriptions”; “talk about my problems”)	64%
2. Limited involvement with MHC team members (e.g., gave them information about my problems, but I didn’t really have to meet with them”; “I was seeing a different psychiatrist/counselor, so I didn’t see them much until I showed up in court”)	23%
3. MH staff attempted to get client involved in various activities (e.g., tried to get things for me to get involved in to jeep busy”; “try to get me back into my community”)	18%
4. General comment of personal involvement with MH staff as positive (e.g., it helps you, they’re companion like”; they were always willing to go the extra mile and make sure my life would improve”)	9%
5. MH staff were present on a daily/regular basis in client’s living accommodations	9%
6. Discussed financial issues (e.g., “usually I just saw X with something about my funding”)	4%
7. Provision of feedback to the client (e.g., “they said I was doing good”	4%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
8. Assistance in securing housing (e.g., “had to live where my nurse told me”)	4%
9. Background role of MH staff (e.g., “they kept in the background during the mental health process itself)	4%
10. Assist in planning for post-MHC preparation (e.g., “they were there to help me adjust to life after court”;	4%
The Lawyers	
1. Interaction with the client around time of MHC appearance (e.g., “ I would just see them when I went to court”)	55%
2. Does not recall personal involvement with lawyers (e.g., “don’t remember”; “I didn’t have anything to do with them”)	18%
3. Provision of feedback to the client (e.g., “always told me that so far I was doing good”)	9%
4. Provided instructions to clients (e.g., “I just took it all in and did whatever they asked”; “ they would tell me what I should say and what I shouldn’t say”)	9%
5. Defence lawyers advocated for client (e.g., “they took my side, represented me in court”; they really helped me”)	9%
The Judge	
1. General interaction with the client was in the courtroom (e.g., “a few words in the courtroom”; “only when I go in front of the him did I see him”; “just a bunch of questions in the courtroom”)	68%
2. Sensitive interactions with the client (e.g., “he was pretty sensitive”; “he would make me feel comfortable)	18%
3. Provided instructions to the client (e.g., ”told me what I had to do”; “gave me rules and regulations”)	14%
4. Made decisions related to the client’s case before the court (e.g., “made his decision”)	4%
Caregivers	
1. Caregivers provided support and assistance to the client (e.g., “if I need anything, they’re there”)	14%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
2. Caregivers provided transportation to meetings and outings (e.g., “brought me to court”; they came to the house and took me shopping once a week”)	9%
3. Caregivers provided reminders to the client (e.g., “remind me of appointments”)	4%
4. Provided housing (e.g., “gave me a place to say)	4%
5. Caregivers monitored client’s behavior (e.g., “just made sure I was behaving, kept me in line”)	4%
Probation Officer	
1. Client attended appointments with probation officer (e.g., saw him a couple of times for short sessions”; “had to meet her often”)	27%
2. Monitored client progress (e.g., “find out how I was making out”)	4%
3. Provided support (e.g., “good support, gave me good ideas on how to deal with certain issues”)	4%
4. Helped client understand conditions (e.g., “helped me with rules and regulations and stuff to follow”)	4%
Question 9: What do you remember the most about MHC?	
1. Atmosphere of respect, support and positive regard (e.g., “it’s a nice atmosphere and it felt like everyone was one my side”; “the people were all supportive that were behind me”; “there to help you move on”; “they weren’t pointing a finger saying that you’re bad or wrong”; “I liked them, they’re a good bunch of people”)	36%
2. Client’s own behaviour and emotional state (e.g., “the first day I tried to fire my lawyer”; I was scared to death, sheriffs were looking at everybody with their guns”)	23%
3. Efforts to reduce stigma and protect privacy (e.g., “they cleared the courtroom of people not involved in the case, they don’t do that in regular court cause it’s for media”; “it doesn’t become common knowledge…I liked that”)	9%
4. Judge’s special interest in client’s life and/or talents (e.g., “the Judge asked me to read a couple of songs I wrote…he took an interest in my personal life”)	9%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
5. Special recognition from the Judge at program completion (e.g., “the Judge passed me the card at the end, he’s paying me respect”; “Judge Brien gave me my certificate, shook my hand…I’ll always remember that”)	9%
6. Easier process than regular court or going to jail (e.g., “it was easier, going to jail was so hard for me”)	9%
7. Administrative elements (e.g., “they asked me a lot of questions and asked a lot of rules and regulations”; “besides waiting, it takes a long time, the whole process is long”)	9%
8. Nothing really stands out (e.g., “nothing that stands out”	9%
9. Tolerance for missteps (e.g., “they were lenient and gave me second chances all the time”)	4%
10. Awareness of legal consequences to not following through with MHC (e.g., “that I’m going to be charged if I go through with [negative behaviour]”	4%
11. Vague comment (e.g., “there were different people there that you wouldn’t normally associate with)	4%

Question 10: What was the day you formally applied to the program like for you?

Themes	Percentage of Participants Endorsing Theme
1. Nervous/Scared (e.g., “scary, but I knew I needed the help”; a little afraid, nervous at first”; “petrified, it’s a whole new system and anything new is scary to me”)	45%
2. General unfamiliarity with the court (e.g., “I didn’t know much about it”)	45%
3. Vague/neutral comment about application experience (e.g., “a lot different at first”; “I didn’t know they considered me not responsible”; “I said this was going to be a different experience”)	23%
4. Hopeful (e.g., “I felt better because I knew I was going to get help”; “kind of hoping that it would be understanding”; “hoping to get in”)	18%
5. Expected it to be easier (e.g., “I expected it to be easier than regular court”)	9%
6. No memory of the initial application process (e.g., no recollections of that time”)	9%
7. No major concerns with experience of applying (e.g., “it was alright”	4%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
8. Ashamed (e.g., “I was ashamed when I was referred [to MHC]”)	4%
9. Lack of understanding of applying to MHC (e.g., “I didn’t really apply, I was sort of delusional”; “I didn’t really look ahead to what was going to happen to me”)	4%
Question 11: What were you required to do in the MHC program (rules/regulations)?	
1. Take medication	82%
2. Keep MH appointments	59%
3. General abidance of conditions to keep the peace and follow rules (e.g., keep the peace, out of trouble)	32%
4. Participate in specific treatment (e.g., ECT, addictions counselors)	32%
5. Form 12/house arrest Community Service	27%
6. Abide by curfew	23%
7. Probation Be honest	14%
8. Supervised housing/housing arrangements (e.g., had to live at a special care home/Salvation Army)	14%
9. Prohibited locations	9%
10. Employment (e.g., advised to get a job)	9%
11. Be honest	4%
12. Abstain from drugs and alcohol	4%
13. Attend court appointments	4%
14. Community Service	4%
Question 12: What were the most difficult/challenging parts of the MHC program?	
1. No major challenges (e.g., “easiest thing I ever had to do”; “none actually”, “it wasn’t much of a challenge”)	64%
2. Waiting time on day to appear before judge (e.g., “sitting and waiting for your turn, sometimes it would be 2 hour wait”; “it was every Friday, it got so you didn’t plan anything…it ruined long weekends”; “they could speed up the process a little”)	18%
3. Not enough time spent on explanations, especially for stubborn and anxious clients (e.g., “they could try to get through to people that are stubborn that don’t want to listen and explain things to them better”; “everyone is different, those people who are a nervous wreck or really stressed…the professionals here should spend more time with them”)	9%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
4. Discomfort with appearing before the court (e.g., “it was just embarrassing in front of everyone”; “having to stand there and talk in front of a group of strangers”)	9%
5. Reading case file/learning of charge (e.g., “reading my file, I got tearful and emotional”; “not really, just going in and receiving that paper that said Assault on it”)	9%
6. Wants judge to listen more (e.g., “Judge should listen more intently, list to what counselors are saying”)	4%
7. Lack of clear discharge date (e.g., a caregiver of a client stated that “it was the constant going and never knowing when it would be finished” – client agreed with the statement when asked directly)	4%
8. Going to court (e.g., “I was half terrified and half traumatized from what was going on, Actually going to court was hard”)	4%
9. Staying healthy (e.g., “trying to stay healthy for the next appointment, it wasn’t hard…it was a goal”)	4%
10. Compliance with rules and restrictions (e.g., “keeping curfew…restrictions”)	4%

Question 13: What were the most helpful/rewarding parts of the MHC program?

Themes	Percentage of Participants Endorsing Theme
1. Reinforcement/encouragement from the judge and team (e.g., “Judge Brien would say ‘you’re doing very well, keep this up and pretty soon you’ll be through’…support, reinforcement, recognition”; they commented on how I was dressed, my make-up, ‘oh you look nice’… made me feel better…I liked the Judge”)	18%
2. Lifting or reduction of legal sanctions when completed program (e.g., “getting set free, charges dropped”)	18%
3. MHC was flexible, fair and did not give up on the client (e.g., “”they were giving me a second chance, even when I screwed up, they still understood”)	14%
4. Improving personal functioning (e.g., I’ve improved and done a complete reversal”; “my mind had got back to normal, by the end of it I was sane and I appreciated what they had done for me”)	14%
5. No helpful components (e.g., “nothing, no comment”; “not rewarding, couldn’t wait for it to be over)	14%
6. Getting help (e.g., “I got the medication I needed, that was most rewarding”)	9%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
7. The success of completing (e.g., “I made it though, if I can do that I can do anything…actually completing the program; “they gave me a certificate that said congratulations)	9%
8. Overall structure of the program (e.g., “the way it worked…good system”)	4%
9. General enjoyment of the program (e.g., “I enjoyed going to court, I always wanted to be a witness in court)	4%
10. Being listened to (e.g., “they listened to me a little bit”)	4%
11. Encouragement of hope (e.g., “gave me hope that people with mental illness being put in jail have a better chance”)	4%
12. Getting a new MH staff (e.g., “getting a new psychiatric staff, the psychiatric patients have special needs”)	4%
13. Maintaining structure for the client (e.g., “maintain things and follow rules and regulations”)	4%
14. Assistance in abstinence from drugs (e.g., “they did get me away from hard drugs”)	4%
15. Assistance of support staff (e.g., “the little people that helped me out”)	4%

Question 14: What was it like for you when you had to actually go into the MHC courtroom the very first day?

1. Anxious/scared of court’s unknown process and unknown outcomes of first court appearance (e.g., “terrifying…anxious”; “a little nerve wracking to say the least…I wasn’t excited about it that’s for sure”; the first day was the worst…I was shaking”; “I didn’t know what was going to happen”)	82%
2. Mixture of emotions (e.g., “anger, anxious, upset, nervous, [I] had tears…It really put the scare into me”)	4%
3. Anger (e.g., “ I was angry because I wanted to defend myself, but I sure couldn’t defend myself”)	4%
4. Neutral (e.g., I was coming out of detention)	4%
5. Relief at dealing with charges (e.g., happy to be dealing with my charges)	4%
6. Confused/Fear of harm (e.g., I remember reading some of the notes and they talked about me being upset and stuff…I thought they were going to kill me, you know, psychotic…I think that was screwing me up the most)	4%
7. Relief of worry about first court appearance (e.g., “talked to my lawyer before and that clamed me down”)	4%
8. Surprised at short appearance in court (e.g., “I thought it would be longer than 2 minutes)	4%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
Question 15: Did your experience change in a good way or a bad way from the beginning of the program?	
Middle of Program	
1. Reduced anxiety and better overall experience as knew more about what to expect (e.g., more calm…I was getting used to going and seeing what it was all about)	68%
2. Client noticed some improvements in self (e.g., “happy, things were getting pretty good”; “I was taking my medication and was starting to become sane again”)	27%
3. Developed an awareness of team’s desire to help (e.g., “after a couple of times I realized they were there to help me”; it was a good thing”; “get to know the people in the court…kind of joke with them”	18%
4. Experienced reductions to court-ordered conditions (e.g., things got better as I went along because my probation was let up a bit)	14%
5. Encouragement from judge/team (e.g., “[the Judge] gave me little bit of hope that things were going to get better each time”; “’keep up the good work’ and all that)	9%
6. Confused (e.g., “confused through the whole thing”)	9%
7. Focused on compliance with MHC (e.g., “I basically did everything they told me to do”	9%
8. Continued discomfort and desire for the court involvement to end (e.g., “I just wanted it to be over”)	4%
Near Completion	
1. Stable or increased feeling of being comfortable and positive (e.g., “I was truly blessed, getting more comfortable”; “not nervous…calm and relaxed”)	27%
2. Experience of improved personal state (e.g., “I felt better actually”; “I was feeling pretty good about my situation because I was becoming more sane and people were helping me”)	27%
3. Relief at ending the program (e.g., I was relieved”; “I was glad to get it over with”	18%
4. Proud of completing MHC (e.g., “I was proud of myself when I got the card and graduate…confident in myself”	9%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
5. Worry about life after court and loss of support (e.g., If I needed help [the team] said ‘we’re always there so all you gotta do is call us…worried about what it was going to be like not having that support there anymore”)	9%
6. Vague comment reflecting that client had done a lot by the end of the program (e.g., “I was ready to be one of the counselors”)	4%
7. Glad to be ending the program (e.g., “my experience didn’t change much from the middle, pretty much just happy to be graduating”)	4%
8. Reluctance to leave MHC (e.g., “I didn’t even want to graduate until the restitution was paid in full, but they decided it was time”)	4%

Question 16: How did you feel when you completed the MHC program?

Themes	Percentage of Participants Endorsing Theme
1. Positive experience with graduation (e.g., “made me feel good”; “I felt like kicking my heals and having a draft”; “I felt really good about myself”)	73%
2. Surprise at completion day (e.g., “I didn’t know I was going to graduate that day, it was a surprise”)	55%
3. Experience of relief that program was completed (e.g., “sense of relief that it was over and I didn’t have to go back”; “glad it was over”)	36%
4. Anticipated graduation (e.g., “I had a feeling things were going good; “the probation officer told me I was graduating before I went into court”)	23%
5. Appreciation of professional assistance (e.g., “I was thankful that they were so helpful to me”; If I wasn’t in MHC, I might be in jail right now, might not have a job”)	23%
6. Recognition in a certificate was meaningful (e.g., “the certificate was important to me, it’s in my drawer”; “made me feel real good when they handed me the certificate”)	23%
7. Sense of personal accomplishment (e.g., “added a little bit ore confidence in myself“; “I wanted to see if I could pass it cause that was the only thing I graduated top honours from”)	14%
8. Glad charges withdrawn at completion (e.g., “made my feel good cause the charges were dropped)	9%
9. Mixed emotions (e.g., “it was a sad time, but at the same time happy”)	4%
10. Planning for post-MHC (e.g., “I was starting the procedure to get help and look for programs and things that I want to seek to keep to myself out of the MHC”)	4%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
11. Just a slap on the wrist (e.g., “felt like I just got a slap on the wrist, it was a cup of tea…I could re-offend and blame it on my diagnosis”)	4%
12. No memory of completion	4%
Question 17: How has your mental health been since you completed the program?	
1. Mental health has improved since initial referral to MHC and appears under control (e.g., it’s been pretty good, the depression has been pretty good…compared to MHC, I’m leveled out now”; “I’m better than I was when I started, a lot better”; “you can’t say enough about the program, I’m on the top of the game, you can’t even compare me at the first of the program to now, it’s like totally much better”	50%
2. Mental health has improved but still work to do (e.g., seen improvements in my mental health, but I’m still my myself”; “I’m starting to get through a lot of my problems, I’m doing better”	27%
3. Ongoing problems with mental health (e.g., it’s been up and down, I have good days and bad days”; “it hasn’t gotten as bad as it was then…it’s still a struggle, I’m battling depression right now”)	18%
4. Renewed problem behaviour since MHC, but improving again (e.g., I was good for a while, then [the psychiatrist] said he doesn’t want to see my anymore…stopped taking some medication…so I got verbally aggressive…almost back to myself now.”	4%
5. Positive change in level of supervision in residential facility (e.g., “then I was moved to a 24 hour care home to an 8 hour care home)	4%
6. Pursuit of education (e.g., “a year and a half after I went to school in Fredericton for 2 years in a message therapy program”)	4%
Question 20: If someone asked you about the MHC program, what would you say?	
1. Recommendation to participate in MHC/it works (e.g., “I would say a friend should take it”; “I would tell them to try to get into MHC cause it works”; “it will help you out in a lot of different ways…they help you out in court”)	36%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
2. A fair, sensitive, and reasonable program (e.g., “it’s reasonable, not to overly harsh, they’re sensitive to your needs, it’s not overwhelming once you’re in there”; “it’s more considerate of people, takes into account people’s problems and what is going on in their lives, listens to people more”)	23%
3. Not like regular court (e.g., “it’s not like a real courtroom”; “I’d say ‘it’s a lot better than normal court, a lot easier on you and nicer”)	14%
4. Helps avoid regular legal sanctions (e.g., “It’s helpful, it would help them avoid being prosecuted”; “I would tell them you wouldn’t have a criminal record after you’re done”)	14%
5. Best response is to listen to MHC team (e.g., “do them good if they’d listen…if they’re not going to do it, it’s not going to help them”; “if it benefits you, and you follow the court, they’ll do the best to help you”)	14%
6. Teaches you how to deal with mental illness (e.g., “you get to know you can’t go without your drugs”; “ have a chance to clean up their life”)	9%
7. Provides needed help (e.g., “they would get the proper help they need”; “I’d say go because they’ll help you cause it helped me”	9%
8. Importance of monitoring (e.g., “it helps you stay out of trouble cause you’re going courses and this and that”)	4%
9. If interested in MHC, give it a try (e.g., “if somebody feels someone should be in there, why not give it a try?”	4%

Question 21: Can you give my examples of how the MHC did or did not work for you?

Themes	Percentage of Participants Endorsing Theme
1. Change in client philosophy (e.g., “opened my eyes to not wanting to have those things happen in my life at all”; “it turned me around, I’m still looking for help today…made me want to get the help that I needed”)	27%
2. Avoided legal sanctions (e.g., “I didn’t go to jail and I’m happy about that because jail is a hard place to be when you’re mentally ill”)	18%
3. Positive, but non-specific comment as to why it worked (e.g., “I just think it worked”; “I didn’t get in trouble no more”)	14%
4. Going through the court program itself (e.g., “If I didn’t do it, I’d probably be in a mess right now”; “If I didn’t go I would end up hurting myself because of my temper”)	14%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
5. Unclear comment (e.g., “I don’t take judge Brien as an enemy, I take him as a human being”)	9%
6. Tolerance of missteps (e.g., “half a dozen times where I missed a sign-in and they didn’t really throw me in jail too much”	4%
7. Change in mental health team (e.g., “it worked cause I got completely new mental health staff and was sent for an evaluation, which my family had been trying to get for a while”)	4%
8. Compassion (e.g., “compassion from the workers, the Judge, the crown and even the police”)	4%
9. Comfort and support of knowing MHC is there (e.g., “I know it’s there now”	4%
10. No comment (e.g., “I can’t think of any”)	4%

Question 22: If you had the opportunity to talk directly to the MHC team, what would you want to tell them?

Themes	Percentage of Participants Endorsing Theme
1. Expression of thanks to MHC (e.g., “glad that they stayed with me through the whole course…thank you for helping me out, thanks for everything”; “thank you for the concern toward my mental health”)	41%
2. Comment on client success due to MHC/good learning experience (e.g., “it was a good learning experience, enlightening”; “the system does work”)	18%
3. Expression of appreciation to MHC (e.g., “they helped me out quite a bit and I appreciate that”; “I want to thank you for noticing the difference in me between when I am innocent and when I ain’t”; “I have a lot of respect for them, which is something I don’t give out too easy”)	18%
4. Encouragement to MHC team to continue (e.g., “keep up the good work”; “I just hope the government keeps supporting this because it’s something that we need”)	18%
5. Neutral comment (e.g., “I don’t think I can think of anything that I would say”; “I’d like to know why I ended up in [a Psychiatric Hospital]”)	4%
6. Suggestion for change (e.g., “the main thing was the waiting, that was the big downfall…be honest [about it] right from the beginning”)	4%

Table 2 continued

Themes	Percentage of Participants Endorsing Theme
Question 23: Is there anything else you would like to share about your experience with the MHC program?	
1. Final thank you (e.g., "thanks for helping me out"; "you're doing a great deal to help the mentally ill people"; "I'm glad I went through it because it made me change my life and it's for the better, it's quite interesting"	14%
2. Concern with courtroom procedure for clients (e.g., "the long wait kind of turns people off cause they don't like sitting and waiting and know they're going through MHC when other people are walking through…should be in a room by yourself"; "sheriffs shouldn't turn on the radio if you're hearing voices")	9%
3. Continued funding for MHC is encouraged (e.g., "you should keep the support money going for it, the government should keep it going")	4%
4. Would like to come back (e.g., "I want to go there again, I don't want to go to regular court or a [Psychiatric hospital])	4%
5. Commitment to stay on straight and narrow (e.g., "I'm not going to do anything stupid to jeopardize [my progress]…I got into another situation and just walked away)	4%

Appendix A

Semi-Structured Interview Schedule

Mental Health Court Semi-Structured Exit Interview

I understand that you completed the Mental Health Court program here in Saint John. Congratulations! Thank you for taking the time to sit with me and talk about your experiences with the program.

Before we begin, I would like to ask you some questions about yourself and your mental health and legal history so that we can describe the people who participated in our study as a group.

DEMOGRAPHICS / CASE HISTORY INTERVIEW COMPONENT:

1. Gender: Male_____ Female_____
2. *What is your date of birth*: ______/____/_________
   month / day / year
3. *What ethnic group do you identify yourself with the most?*
   ______ Caucasian
   ______ African Canadian/American
   ______ First Nations
   ______ Latino/a
   ______ Asian
   ______ Arabian
   ______ Other (please indicate):
   ____
4. *Where do you live right now?*
   ______ An apartment you pay the bills for
   ______ A house you pay the bills for
   ______ A special care home
   ______ With extended family
   ______ A shelter
   ______ Salvation Army residential centre
   ______ Other (please indicate):
   ____

a. *How long have you lived there?* ___________________________________

5. *Who are you living with right now?* ____________________________________

6. *What is your current marital status?*
   _____ Never married or never been in a Common-law relationship
   _____ Married/Common-law relationship
   _____ Divorced/Separated
   _____ Single
   _____ Widowed

7. *Do you have any children?* Yes _____ No _____

   a. *If yes,* how many children do you have? _______________

8. *Are you currently employed?* Yes _____ No _____

   a. *If yes,* how long have you been at your current place of employment?
   ____

   b. *If yes,* please describe the kind of work you do?
   ____
   ____
   ____
   ____

9. *What is the highest level of education that you've achieved?*
   _____ Elementary
   _____ Junior high/Middle school
   _____ High school/GED
   _____ University level
   _____ Community College

10. *How long has it been since you were involved in the Mental Health Court Program (in months or years)?* ______________________________________

11. *What were your mental health issues or diagnoses when you first became involved in the Mental Health Court program?*
   ____
   ____

12. *Prior to your involvement with the Mental Health Court, did you ever get in trouble with the law before?* Yes No

    a. *If yes*, how old were you when you were arrested for the very first time? _____ years
    b. *If yes,* what types of things have you been charged with or convicted of prior to your involvement in Mental Health Court? (check all that apply):

____Assault (Common, Aggravated, or Causing bodily harm)
____Breach of Probation or court order (Fail to Comply)
____Break and Enter (with and without intent)
____Drug Possession
____Drug Trafficking (selling)
____Theft (includes shoplifting)
____Fraud or Forgery
____Mischief, Vandalism or Destruction of Property
____Robbery (with or without weapon)
____Weapons offence (possession of weapon, dangerous use of a weapon)
____Murder/Manslaughter
____Prostitution/Soliciting
____Sexual offence (indecent exposure, sexual interference, sexual assault)
____Other (please specify): ________________________

13. *Prior to your involvement in Mental Health Court, had you ever been hospitalized for a mental illness?* Yes No
    a. *If yes,* how many times? ____________
    b. *If yes,* what was the longest period of hospitalization? ________________

MENTAL HEALTH COURT EVALUATION INTERVIEW COMPONENT:

Now I would like to ask you some questions that are specific to your involvement with the Saint John Mental Health Court.

1. *Tell me a bit about what Mental Health Court was like for you?*

2. *What happened or why you were in criminal court to begin with?*

3. *What has been your experience with **regular** criminal court?*

4. *How does your experience with Mental Health Court compare with your experience in regular court?*

Knowledge of the Mental Health Court Program:

5. *How did you first learn about (or who told you about) the Mental Health Court program?*

6. *What is your understanding of how the Saint John Mental Health Court program works – as if you were describing it to a friend?*

7. *How did you see the role of each of the Mental Health Court team members involved in your case, including*:
    a. Mental Health Centre staff (psychiatrist, nurse, therapist, support worker)
    b. The lawyers (Crown and Duty Counsel)
    c. The judge
    d. Your caregiver (if applicable)
    e. Probation officer

8. *What was your own personal involvement with each of these people?*
    a. Mental Health Centre staff (psychiatrist, nurse, therapist, support worker)
    b. The lawyers (Crown and Duty Counsel)
    c. The judge
    d. Your caregiver (if applicable)
    e. Probation officer

Mental Health Court Experience:

9. *What do you remember most about the Mental Health Court program?*

10. *Tell me about the day you formally applied to enter the Mental Health Court program – what was that like for you?*

    - *On a scale of 0 to 5, how motivated were you to participate in the Mental Health Court Program once you made the decision to apply for it?*

0	1	2	3	4	5
not at all motivated					Extremely motivated

11. *What kinds of things were you required to do in Mental Health Court program?*
    - *Were there any conditions to comply with? Were there any therapy plans?*

12. *What were the most difficult or challenging parts of the Mental Health Court program for you?*

13. *What were the most helpful or rewarding parts of the Mental Health Court program for you?*

14. *What was it like for you when you had to actually go into the Mental Health courtroom and appear before the judge (i.e., were you angry? Anxious? Happy?; Did you have any expectations? What was going through your mind that day?)*

15. *How did this experience change (in a good way or a bad way) as you went through the program? Can you describe how you were feeling….*
    a. At the beginning of the Mental Health Court program
    b. During the Mental Health Court program
    c. At the end when you were coming close to graduating

- *On a scale from 1-5, how comfortable did you feel in the Mental Health Court courtroom itself at the beginning, middle, and towards the end of your involvement with the program?*

Where: 1 = extremely uncomfortable
3 = moderately comfortable
5 = extremely/very comfortable

a. *At the beginning* (your first court appearance)
1 2 3 4 5

b. *Middle* (after getting use to the courtroom)
1 2 3 4 5

c. *At the end* (near graduation)
1 2 3 4 5

Completion:

- *When did you complete the Mental Health Court program?* ________________
Month / day / year
(try to get as close as possible to discharge date – if states X months ago, back track from date of interview)What do you remember about being in the courtroom that day?

16. *How did you feel when you completed the Mental Health Court program?*

Post Completion:

17. *How has your mental health been since you've completed the program*

- *Any relapses/new episodes of mental health problems?* Yes No
- *Since you finished with the Mental Health Court, have you had any new hospitalizations for mental health reasons?* Yes No

a. *If yes*, how many times? _________
b. *If yes,* what was the longest period of hospitalization?
____

18. *What things are keeping you busy these days – are you working? Volunteering? Are you part of any groups in the community? hobbies/pastimes?*

19. *Do you have any likes or dislikes about your current living arrangement? - Are there any changes you'd like to make to your current living arrangement?*

Were you charged with anything since you finished with Mental Health Court? Yes No
a. *If yes,* what types of things have you been charged with or convicted of since then? (please check all that apply):

_____ Assault (Common, Aggravated, or Causing bodily harm)
_____Breach of Probation or court order (Fail to Comply)
_____Break and Enter (with and without intent)
_____Drug Possession
_____Drug Trafficking (selling)
_____Theft (includes shoplifting)
_____Fraud or Forgery
_____Mischief, Vandalism, or Destruction of Property
_____Robbery (with or without weapon)
_____Weapons offence (possession of a weapon, dangerous use of a weapon)
_____Murder/Manslaughter
_____Prostitution/Soliciting
_____Sexual offence (indecent exposure, sexual interference, sexual assault)
_____Other, please specify: _____________________________

I just have a few more questions for you before we're finished with the interview.

On a scale of 0 to 5, to what degree do you feel the Mental Health Court Program helped you with your mental health difficulties?

0	**1**	**2**	**3**	**4**	**5**
Not at all helpful			Neutral		Very Helpful

On a scale of 0 to 5, to what degree do you think the Mental Health Court Program helped you avoid committing another criminal offence?

0	**1**	**2**	**3**	**4**	**5**
Not at all helpful			Neutral		Very Helpful

On a scale of 0 to 5, overall, how much did the Mental Health Court positively change your life?

0	**1**	**2**	**3**	**4**	**5**
Not change at all					Very Significant Change

CONCLUSION:

20. *If someone asked you about the Mental Health Court program, what would you say?*

21. *Would you recommend it to others?* Yes No

22. *Did it work for you?* Yes No
    a. *Can you give me any examples of how you think it did or did not work well?*

23. *If you had the opportunity to talk directly to the Mental Health Court team about your experience, what would you want to tell the team?*

Appendix B

Informed Consent Form for Study Participation

PARTICIPANT INFORMED CONSENT / ASSENT FORM

MENTAL HEALTH COURT EVALUATION STUDY

Under the Directorship of Mary Ann Campbell Ph.D., the Centre for Criminal Justice Studies at the University of New Brunswick-Saint John is conducting an evaluation of the Saint John Mental Health Court. Our goal is to gain an understanding of the client's perspective of this program. Thus, people who have completed the program are being invited to participate in an 'Exit Interview' about their experience and thoughts of the Saint John Mental Health Court program. We will be asking questions about your understanding of how the program works, how it compares to your experience with regular court, and what you see as the program's strengths and weaknesses. We also will ask you questions about how the program worked or did not work for you. Finally, we will ask you some questions about your mental health and/or criminal history, and about yourself more generally (e.g., age, current living arrangements, working situation), so that we can describe the participants of our study as a group and learn about for whom the Mental Health Court program works best. The purpose of the interviews is to advise the members of the Saint John Mental Health Court about areas that require improvement in their program, as well as to learn about what you think works well in the program. The interview should take no more than 1 hour of your time to complete. No compensation will be provided for your participation.

The interview will be video recorded so that we may later transcribe (convert it into text) and analyze the information that you have provided us. You can specify the conditions in which others may view this video recording on the Video Consent Form that is attached to this form. Please note that …

> *If* you chose not to participate in this study, but still want to share your insights with the Mental Health Court Team members, you can still participate in the interview for that purpose. In this case, we will not transcribe your interview and it will not be used as part of our research.
>
> *If* you do not want the Mental Health Court Team members to view the video of your interview, but you are willing to participate in the evaluation study we are conducting, then we will protect your confidentiality and not share the video with the Mental Health Court. Your information will be combined with the rest of the participants in this study.

Any personal identifying information (e.g., your or other's names, addresses, places of work) will not be included in the transcripts made from the video in order to protect your confidentiality. We will also avoid asking personal identifying information during the interview. All of the information we collect will be treated confidentiality to respect your privacy. Your name will not appear on the transcripts, and only a randomly chosen code number will be used to identify individual transcripts and any information we obtain from your records. All data will be combined and analyzed as a group, so that no one person's information will be singled out.

Your participation in this study is *completely voluntary*. You have the right to withdraw from this study at any time without penalty. This means that you can end the interview whenever you want and you have the right to decline to answer any questions during the interview. Your decision to participate or not participate in this study (or in the interview) will in no way affect your current legal situation, your involvement with mental health services, or your involvement with any other social service agency (e.g., Family and Community Services, Salvation Army). Your decision will also in no way influence your future eligibility or involvement with the Saint John Mental Health Court.

Information obtained from this research will be stored securely in Dr. Campbell's office in a locked cabinet at the University of New Brunswick, while the videos will be stored securely with the Mental Health Court (unless you declined to have your video shared with the court. In which case, it would be stored securely at the university with the rest of your information). Only those individuals working directly with Dr.

Campbell on this project will have access to the transcripts and other information gathered as part of this study. In accordance with standard guidelines, we will destroy your data after a period of 10 years.

This study has been reviewed by the Research Ethics Board at the University of New Brunswick-Saint John. If you have any questions or concerns about this study please contact Dr. Campbell at (506) 648-5969 (mcampbel@unbsj.ca) or the Chair of the Research Ethics Board, Dr. David Flagel at (506) 648-5610 (reb@unbsj.ca)
.

We thank you for your help in gathering this important information!

I have read the above information about the Mental Health Court Evaluation study and have been given the opportunity to ask questions. I understand that I can withdraw myself and my information from this study at any time without penalty.

Please circle

- Do you agree to participate in the interview for the purposes of evaluating the Saint John Mental Health Court as described above? YES / NO

- Do you give us permission to contact you again for future follow-up studies on clients previously involved with the Saint John Mental Health Court? YES / NO

PARTICIPANT'S NAME: ________________________________
(please print)

PARTICIPANT'S SIGNATURE: ______________________________ DATE: __________

(If applicable)

GUARDIAN'S NAME: ________________________________
(please print):

GUARDIAN'S SIGNATURE: ______________________________ DATE: ___________

If you wish to receive a summary of the research findings once the study is completed, please provide your mailing address and/or email address in the space provided.

Mailing Address: ______________________________ Email: ____________________

____

____

____

Appendix C

Informed Consent for Video Recording Form

Consent Form

for Video/Audio Recording of Exit Interviews

I, ____________________________, acknowledge that by signing this form, I am giving permission for the interviewer to audio and/or video record the exit interview related to my involvement in the Saint John Mental Health Court.

Please indicate the conditions under which you consent to our use of this recording (in whole or in part) in the future by checking the following:

☐ To be reviewed by members of the Mental Health Court Team.

☐ To be used in educational sessions and/or professional presentations about the Saint John Mental Health Court.

☐ To be used in current and/or future research studies evaluating the quality, structure, process, and/or effectiveness of the Mental Health Court. This means that the information you provide in your interview would be used to help understand the strengths and weaknesses of the Saint John Mental Health Court and help determine its effect on mental health and behaviour. If you consent to allow your interview to be used in such research, please note that your information will continue to be treated confidentially and only the researchers would have access to the video (*unless you consent to the other two disclosure options noted above*).

My signature acknowledges that I am aware I can withdraw my consent to the use of this recording at any time by directly notifying the Saint John Mental Health Court (Honourable Judge Brien's Office, phone: 506-658-2568) and/or contacting Dr. Mary Ann Campbell (phone: 506-648-5969).

____________________________ ____________________________

Signature Date

____________________________ ____________________________

Guardian (if required) Date

____________________________ ____________________________

Witness Date