

Professionals' Perceptions of the Saskatoon Mental Health Strategy (MHS) Court

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Prepared by:

Centre for Forensic Behavioural Science and Justice Studies

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**Centre for Forensic
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EXECUTIVE SUMMARY

The Saskatoon Mental Health Strategy (MHS) aims to improve support and supervision for individuals suffering from mental illness and cognitive impairments coming into contact with the criminal justice system (Barron, Moore, Luther & Wormith, 2015). Specifically, the Saskatoon MHS brings together a variety of community stakeholders and legal professionals to improve support and provide legal and medical assistance to persons with mental illness in contact with the criminal justice system. As mental health courts typically rely on a collaborative team of dedicated professionals, services and advocacy groups who perform a variety of roles within the court, these professionals offer exclusive insight into the MHS Court's functioning and overall success. Indeed, ensuring the involvement of individuals with a broad range of knowledge and experiences in creating and evaluating mental health court services is important, as it can provide a deeper understanding of their effectiveness (Stockdale Winder, 2014).

Purpose of the Evaluation

The purpose of this evaluation is to provide The Steering Committee of the Saskatoon Mental Health Strategy with a process evaluation exploring the activities implemented by the MHS Court program. This research was conducted to provide a comprehensive assessment of the MHS Court's activities and effectiveness by examining the perspectives and opinions of professionals who have extensive knowledge and firsthand experience with the MHS Court and its clients. This report is guided by the following evaluation questions:

1. Is the MHS Court functioning as intended and are the objectives of the MHS Court being met?
2. Is the MHS Court functioning effectively? What are its strengths, weaknesses, barriers, and gaps?
3. Are the organizations involved in the MHS Court collaborating effectively? Are some being utilized more than others?
4. What are professionals' perceptions of the functioning of the MHS Court and its contribution to their own professional growth?

METHODS

A mail survey was administered to a variety of professionals with either direct or indirect involvement with the MHS Court and/or its clients. The survey asked participants about general perceptions of mental health courts, their experience with the Saskatoon MHS Court, the effectiveness of specific court components, and their perceptions of client outcomes.

Follow-up interviews were conducted on a purposeful sample of eight professionals involved in the Saskatoon MHS Court. These interviews were intended to provide a more in-depth understanding of professionals' perceptions of the Saskatoon MHS Court. Specifically, they explored professionals' perspectives on how the MHS Court is functioning, its benefits to clients and perceived client outcomes, barriers and gaps in the MHS Court, systemic issues faced by the Court, and areas where improvements are required..

RESULTS

Mail Survey with Professionals

Of the 45 respondents who completed the survey, 22 (48.9%) provided criminal justice services, 8 (17.8%) provided social support services and 15 (33.3%) provided mental health services within the MHS Court. Results of the survey indicated that participants had positive attitudes towards mental health courts and the Saskatoon MHS Court specifically. Additionally, participants agreed that the MHS Court had increased awareness of MHS clients' unique needs; increased awareness of existing services available for MHS; and resulted in greater collaboration between their organization and other services.

In general, participants agreed that the pre-court meetings helped professionals understand how to better support MHS clients; strengthened their organization's connections with other service providers; and that attending these pre-court meetings was an effective use of professionals' time. As well, participants agreed that the MHS Court sessions allowed professionals' time to consult with clients; helped professionals understand how to better support clients; and allowed professionals to connect clients to other community services. Attending MHS Court sessions was also seen as an effective use of their time. Further, participants reported that the MHS Court engages a comprehensive network of service providers to support the needs of MHS clients, and makes it easier for clients to receive support from a variety of community service providers. On average, participants rated the MHS Court as being more effective at connecting MHS clients to criminal justice services than health care services and social support services within the last 6 months.

Participants also believed that the MHS Court empowers clients by allowing them to speak openly in court; that treatment plans supervised by the MHS Court support the needs of MHS clients; and that the MHS Court diverts MHS clients from prison sentences. As well, participants perceived that, compared to the traditional court system, the MHS Court is more effective in reducing recidivism among MHS clients with mental illness and among MHS clients with FASD and other cognitive impairments.

Results from open-ended questions on the survey indicated that while there were many positives to the Saskatoon MHS Court experience (i.e., connecting clients to services, improved collaboration among service providers), there were also some barriers (i.e., program/service wait times, timely access to reports; lack of follow-up, and need for case manager/coordinator) that need to be addressed in order to improve functioning of the Court.

Semi-Structured Interviews with Professionals

A total of 9 professionals were interviewed with representation from judicial services, legal services (prosecution and Legal Aid), FASD and cognitive support services, mental health and addictions and probation services. Among the 9 professionals interviewed, only 2 had not completed the mail survey. The semi-structured interviews provided a more in-depth overview of how the MHS Court is functioning, the benefits to clients, client outcomes, barriers and gaps in the MHS Court, systemic issues, additional services and areas of improvement from the perspective of professionals involved in the strategy.

Balancing Priorities and Viewpoints

Participants discussed the benefits and challenges of trying to find balance among the various professionals involved in the Saskatoon MHS Court as well as among the competing priorities of the court. Specifically, participants discussed the delicate balance that exists between the opposing goals of the MHS Court, such as meeting the needs of the clients, taking mental health concerns of clients into consideration, and managing public safety. Although the professionals do think that the Court is meeting its goals of diverting clients from the traditional criminal justice system and treating the underlying causes of the offending behaviour, professionals did point out that the goals of the court were sometimes unclear and that there was difficulty achieving a balance between providing services to as many people as possible while also maintaining the ability to provide each client with the depth of service and personal attention that they require in order to be successful. Additionally, professionals sometimes reported difficulties reconciling the different viewpoints and approaches of the various professionals involved in the Court but, despite these challenges, professionals appreciated the collaborative nature of the MHS Court and pointed to an increased awareness of services and other professionals who could provide the best holistic service to their clients. Pre-court meetings were identified as an important driver of collaboration amongst the professionals involved in the Court and provided suggestions (i.e., changing the seating arrangements and more formalization) in order to maximize the utility of these meetings.

Resources

Participants discussed having to operate within the existing judicial system and network of community services, which is often not amenable to providing all of the supports required to fully support justice-involved individuals living with mental illness. Some of the specific challenges that were identified related to insufficient forensic and community mental health resources, a lack of dedicated funding to support the MHS Court, and increased workload volumes for professionals involved in the Court.

Connections

Participants discussed how the Saskatoon MHS Court fits into the broader picture of society and how their participation in the Court has shaped their personal knowledge and perspectives. Professionals indicated that their participation in the MHS Court broadened their own perspectives and understanding of the ways that mental illness and the judicial system interacted. The MHS Court was seen as being a source of support and connections to other services for clients. Although professionals recognized the need for support, there were often barriers (e.g., lack of resources and funding, lack of a dedicated person to coordinate services) to clients receiving the support they required.

DISCUSSION

Functioning and Effectiveness of the MHS Court

Overall, professionals perceived that the court was meeting its goals of serving justice-involved individuals while ensuring community safety by treating the underlying causes of offending behaviour rather than simply criminalizing it. Despite the apparent success of the court in meeting its goals, professionals also discussed several challenging areas including difficulties with balancing the needs of the offenders with the needs of the community, unclear goals and

priorities for the Court, limited funding, and high workloads. Suggestions for improving the overall effectiveness and functioning of the Court included the creation of a position for a dedicated coordinator who would be responsible for coordinating cases, keeping track of clients and their use of community services, and following up with clients to ensure that their needs are being met. Clearer goals and aims for pre-court meetings also would improve the functioning of the Court. Finally, additional collaboration among community agencies would ensure that the goals of the Court are being met and that the Court is functioning effectively.

Collaboration among Organizations

Results of the survey indicate that, on average, participants rated the MHS Court as being more effective at connecting MHS clients to criminal justice services than health care services and social support services. Variability found among professionals' perceptions of the effectiveness in connecting clients to specific services may be a reflection of clients' needs rather than a failure of the MHS Court. That is, certain community services (i.e., criminal justice services) may be more essential to MHS clients (or more widely needed) than others and, therefore, were rated by professionals as being more effectively connected to clients by the MHS Court. Results of the semi-structured interviews with professionals indicated that, although different specialties were able to collaborate, there was often difficulties reconciling the different viewpoints of the various professionals involved.

Perceptions of the MHS Court and Professional Growth

The survey results indicated that generally participants had positive attitudes towards MHCs and the Saskatoon MHS Court. Participants of the present study displayed relatively high scores on the adapted AT-MHC scale which suggests that they had positive attitudes towards MHCs in general. This result is not surprising as the nature of most participants' professions are in accordance with the goals and intentions of MHCs. With regards to the Saskatoon MHS Court, participants largely regarded the court as having a positive impact on their professional development. In the interviews, professionals indicated that the multidisciplinary nature of the MHS Court afforded them a better, more holistic view of their clients and allowed them to develop a better understanding of the services available to justice-involved individuals with mental health challenges. In addition to applying their increased knowledge of mental health issues in the criminal justice system to the clients of the MHS Court, professionals also reported that they were able to apply their learning to clients outside of the MHS Court system. This increase in knowledge and professional development means that professionals were able to better assist all of their clients whether or not they had identified mental health issues.

RECOMMENDATIONS

Based on the findings of the evaluation, the following recommendations are put forward to further support the MHS Court in meeting its client needs:

1. **Increase funding provided to the MHS Court and enhance functioning of the Saskatoon MHS Court.**
2. **Hire a MHS Court Coordinator to track each individual case proceeding through the Court and to act as a liaison between professionals.**

3. **Increase awareness of the MHS Court among professionals in the community in order to enhance collaboration among agencies and professionals, especially those reluctant to serve justice-involved individuals.**
4. **Restructure pre-court meetings to promote collaboration among professionals and to eliminate any hierarchies which may impede on open dialogues among professionals.**
5. **Increase the number of professionals involved with the Court to increase capacity to reduce the strain experienced by the professionals currently involved.**

CONCLUSIONS

Overall, the MHS seems to be functioning effectively although there are several areas where improvements could occur. As part of a multi-phase evaluation, future components of the evaluation will provide a more in-depth understanding of the MHS Court and the impact it is having on clients. For instance, follow up interviews with clients and family members will serve to expand on the results of the current study. Specifically, this would allow further investigation into the impact the MHS Court has had on client outcomes from the perspectives of clients themselves. Moreover, a pre-post analysis of health, police and court data will provide a greater understanding of the MHS Courts effectiveness and overall client outcomes as a result of their involvement in the MHS Court.

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1. INTRODUCTION

The Saskatoon Mental Health Strategy (MHS) Court was designed to address the needs of justice-involved individuals with additional mental health needs or cognitive impairments in Saskatoon, Saskatchewan. The MHS Court was born out of an initiative by the Saskatoon Provincial Court designed to address the additional needs of those justice-involved individuals and the Court had its first formal sitting November 18, 2013. The court brings together a multidisciplinary team of criminal justice, social service and health care services professionals to provide individualized case management and support to their clients.

The purpose of this evaluation is to provide The Steering Committee of the Saskatoon Mental Health Strategy with a formative process evaluation exploring the activities implemented in the MHS Court program and some preliminary outcome data. Specifically, this evaluation will focus on professionals' perceptions of the functioning of the court (i.e., general perceptions of the court and perceptions of the Court's strengths and areas for improvement).

1.1 Background

Mental health courts (MHCs) are designed to divert persons living with mental illness that come into contact with the law away from the traditional criminal justice system and to connect them to services within the community in order to address their complex needs. As Canadians with mental health concerns are at an increased risk for becoming justice-involved (Hartford, Heslop, Stitt, & Hoch, 2005), diversion and best practices for dealing with offenders with mental illness are of particular interest to Canadian criminal justice professionals. Justice-involved individuals with mental health issues are part of a complex needs population and often require support from several different services to meet their needs (Rankin & Regan, 2004). Criminal justice professionals who work with individuals with mental health needs have reported difficulties attempting to navigate the traditional court system with their clients and point to the rigidity of the system along with the complex, dense procedures that their clients are asked to navigate without assistance as being of particular concern (MacDonald et al., 2014; Stewart & Mario, 2016). With these issues in mind, mental health courts were designed and have been increasingly used across Canada and globally.

Unique in their structure and development, a central goal of MHCs is to divert persons with a mental illness from the criminal justice system by integrating treatment provisions with principles of the law (Schneider, Bloom & Heerema, 2007). MHCs typically rely on a collaborative team of dedicated professionals and service organizations who interact with clients in their communities. Treatment may include counselling, medication, or connecting individuals to community agencies that provide social, vocational, or residential assistance. Treatment is provided with the intention to support recovery, improve overall quality of life and, in turn, to reduce recidivism thereby ensuring public safety. The two primary goals of MHCs are to connect individuals with mental health issues with services in the community and to reduce the likelihood of future contact with the criminal justice system (Bonfire, Ritter & Munetz, 2016).

Recent research supports the effectiveness of MHCs in the Canadian (Seto, Basarke, Healey, & Sirotich, 2018) and American legal systems (Lowder, Rade, & Desmarais, 2018). Seto and colleagues (2018) examined 708 clients involved with a MHC Consortium serving Toronto,

Ontario. Results of their study indicated that there were several factors associated with successful diversion by the Court. Individuals with lower levels of clinical and legal needs, less severe offences, less extensive criminal histories, and with more stable home lives (i.e., married and not homeless) were more likely to be successful. Additionally, in a meta-analysis of American MHCs, it was found that MHC participation had a significant, negative, and small effect on recidivism (Lowder et al., 2018). Specifically, MHC participation was found to reduce charges and jail time, but there were no significant reductions in arrests or convictions. These findings indicate that MHCs do seem to be achieving their goals of successful diversion and reducing recidivism but highlight the importance of further study into factors which may be driving these changes and ways to further improve outcomes of the courts.

Professionals' Perceptions of Mental Health Courts

Although there are relatively few studies and evaluations which have examined professionals' perceptions of MHCs, the research that has been done has identified several key themes including perceived reductions in symptoms exhibited by clients being served by the MHCs (McNeil & Binder, 2010), positive attitudes towards MHCs (McDougall et al., 2012), perceptions of the 'regular' justice system as being rigid and unresponsive to the needs of individuals with cognitive impairments or mental health issues (MacDonald et al., 2014; Stewart & Mario, 2016), and struggles with navigating the system and integrating the multiple perspectives of the treatment team (MacDonald et al., 2014).

Professionals involved with MHCs felt that participation in the Court has several benefits such as reduced recidivism, improved health and welfare of the clients, and a reduced workload on the "regular" court system (McNeil & Binder, 2010). One of the unique and most highly valued characteristics of the court was its collaborative nature (MacDonald et al., 2014; McNeil & Binder, 2010; Stewart & Mario, 2010). MHCs often utilize pre-court meetings to discuss clients and to allow the various professionals involved with the court the opportunity to discuss and coordinate services for a given client. These meetings were viewed as a unique and useful aspect of the mental health court (MacDonald et al., 2014; McNeil & Binder, 2010; Stewart & Mario, 2010). Even when there were disagreements among the professionals, the collaborative nature of the MHC—especially the pre-court meetings—was seen as an opportunity for compromise and learning among the professionals involved (MacDonald et al., 2014). As the professionals and community agencies involved in MHCs are often very busy and overburdened, collaboration and compromise among the various professionals involved is integral to the functioning of the courts (MacDonald et al., 2014; Stewart & Mario, 2016).

Despite having a generally positive opinion of MHCs, professionals did point to several potential areas of improvement including a lack of resources and difficulties with navigating the criminal justice system (MacDonald et al., 2014; McDougall et al., 2012; McNeil & Binder, 2010; Stewart & Mario, 2016). Specifically, professionals involved with MHCs pointed to limited community resources and feared that the needs of the Court may be placing more strain on the agencies providing them (MacDonald et al., 2014; McNeil & Binder, 2010; Stewart & Mario, 2016). Although each community may have its own additional areas of need, such as a lack of affordable or supervised housing in Regina (Stewart & Mario, 2016), professionals all seemed to agree that community agencies providing services were often very busy and strained. Many of these community agencies are involved in the MHC system, adding to their already

overburdened schedule and often requiring professionals to ‘work off the side of their desks’ and to go above and beyond the scope of their regular position to provide services to the MHC on top of their regular caseload (MacDonald et al., 2014; McNeil & Binder, 2010; Stewart & Mario, 2010). Additionally, many of the professionals involved with the MHC system felt that they required further clarification on what their role was within the court and the functioning of the court (McNeil & Binder, 2010; Stewart & Mario, 2016). This desire for further clarification on the functioning of an MHC and the role of professionals within this system is unsurprising given that less than half of professionals from across Canada surveyed by McDougall and colleagues (2012) had even heard of MHCs. In addition to further clarification of their roles, professionals expressed their desire for dedicated coordinators and psychology/psychiatric professionals to serve the Courts and continued funding to support all of these services (Stewart & Mario, 2010).

Capturing the perspective of those with various degrees of insight in the development and examination of programs and services is essential (Stockdale Winder, 2014). Therefore, evaluating the functionality of MHCs through the perspectives of those involved (i.e. clients, stakeholders, and professionals), as well as those of the general public, provides a deeper understanding of MHC effectiveness. As the present study is part of the larger multifaceted evaluation, it looked to offer a more comprehensive investigation of the MHS Court’s effectiveness by acquiring the perspectives of those professionals with extensive knowledge and firsthand experience of the MHS Court and its clients.

1.2 Description of Saskatoon Mental Health Strategy

The Saskatoon Mental Health Strategy aims to improve support and supervision for individuals living with mental illness and cognitive impairments coming into contact with the criminal justice system (Barron, Moore, Luther & Wormith, 2015). The Saskatoon MHS brings together a variety of community stakeholders and legal professionals to improve support and provide legal and medical assistance to offenders living with mental health conditions. The Saskatoon MHS Court is comprised of a designated Provincial Court Judge, a crown prosecutor, defence counsel, and representatives from a variety of services including Mental Health and Addiction Services, Saskatoon Community Corrections, FASD Network, Elizabeth Fry Society, Social Services, Saskatoon Crisis, and Saskatoon Community Mediation Services (Barron et al., 2015). Other community organizations that provide support to MHS clients include The Lighthouse Supported Living, The Salvation Army, Housing First, Community Living, Saskatchewan Brain Injury Association, Partners in Employment, 601 Outreach, Saskatoon Police Service, and various other drug and alcohol treatment programs.

The Mental Health Strategy Conceptual Framework identifies five critical objectives of the Saskatoon Mental Health Strategy (Barron, Moore, Luther, & Wormith, 2015; Saskatoon Provincial Courts, 2013):

1. To effectively deal with accused persons with a mental health condition within the provisions of the Criminal Code of Canada and the Mental Health Services Act of Saskatchewan.
2. To provide the accused with an effective case management process, while maintaining a focus on public safety.
3. To hold the accused person accountable for his/her behaviour.

4. To protect the rights of the public, the rights of the accused and the integrity of the criminal justice system.
5. To develop processes for the effective gathering and sharing of information, including timely medical and psychological assessments to assist in the support and supervision of accused persons with a mental health conditions.

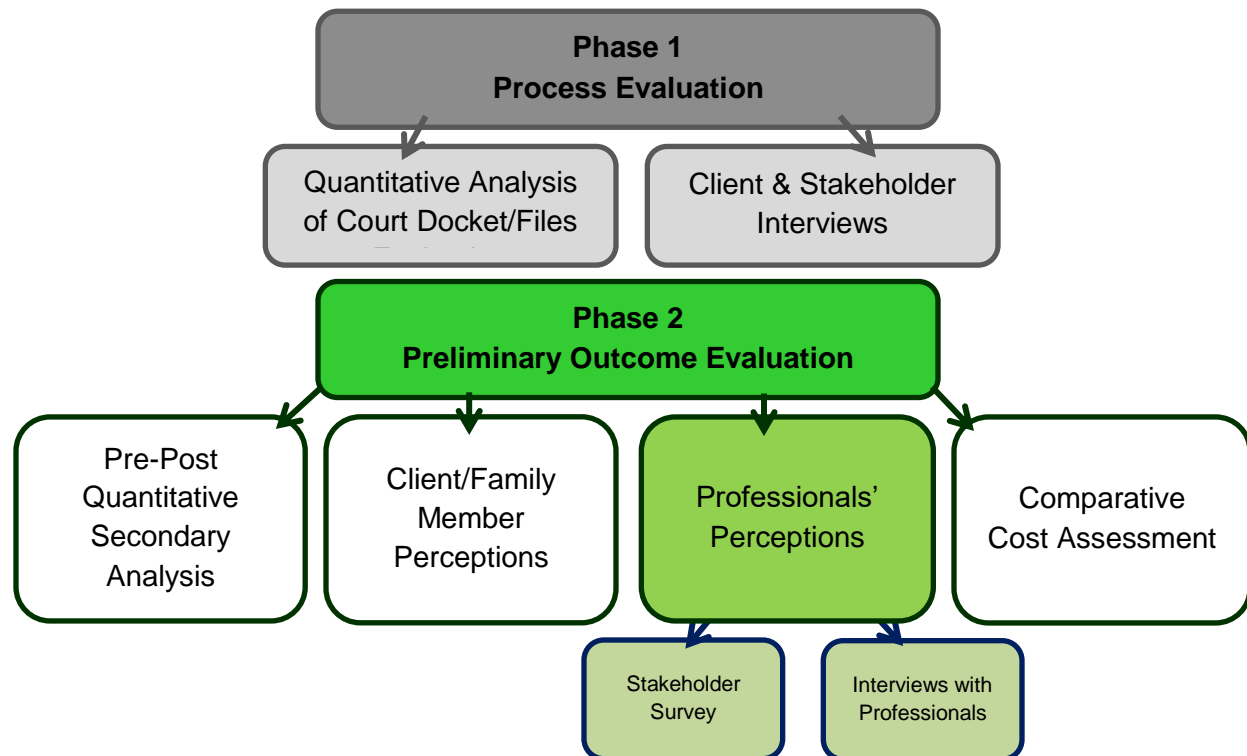
With the help of the Provincial Court of Saskatchewan–Saskatoon, the Ministry of Justice, the Saskatoon Health Region, Legal Aid Saskatchewan, the Saskatchewan FASD Support Network and a variety of additional community supports/agencies have been brought together in an effort to accomplish these objectives since the MHS Court first began its operation in November 2013. Specifically, the Saskatoon MHS brings together a variety of community stakeholders and legal professionals to improve support and provide legal and medical assistance to persons with mental illness in contact with the criminal justice system.

Referrals to the MHS Court are made by Provincial Court Judges based on an assessment of the individual and their mental health needs. As the MHS Court is a sentencing court, a guilty plea is required and only pre- and post-plea matters are considered (Barron et al., 2015). If there is a question of fitness to stand trial or enter a plea, clients are assessed before entering their plea. Once someone is referred to the MHS Court, Legal Aid is notified and the individual is encouraged to apply for legal aid. As many of the MHS Court participants are also clients of Legal Aid, they provide a lawyer who consistently serves the MHS docket. Specific consent forms have been developed to obtain consent from MHS Court participants. As entry into the court is voluntary, participants must provide their consent to enter the Court and they may withdraw their consent and return to regular court at any time. After the client provides consent, the MHS Court team then formulates a case management strategy, which includes an individualized mental health plan (consisting of an assessment and a promise to cooperate with conditions imposed by the courts). The MHS Court team also participates in pre-court meetings where the multidisciplinary MHS team discuss the active clients on the docket in terms of eligibility, need for assessment support and supervision, and progress of the clients. Pre-court meetings occur prior to each MHS docket. A Provincial Court Judge is assigned to the docket and presides over the meeting.

1.3 Saskatoon Mental Health Strategy (MHS) Court Evaluation Overview

In order to determine whether Saskatoon's MHS is functioning as intended, the Centre for Forensic Behavioural Science and Justice Studies at the University of Saskatchewan was invited to conduct an evaluation of the MHS. To do this, a long-term evaluation plan was developed, which proposed that the MHS evaluation be carried out in several phases. Figure 1 represents the MHS's multiphase evaluation.

Figure 1 – Overview of the MHS Court Evaluation Phases



Phase 1 – Process Evaluation

After the first nine months of operation, a process evaluation was conducted by Barron et al. (2015) to complete the first phase of the MHS evaluation. In this process evaluation, both qualitative and quantitative methodologies served to identify trends concerning MHS functioning, expectations and satisfaction. Information on the demographic characteristics and the types of offences committed by those appearing before the court from November 2013, when the MHS Court began, to August 2014, were analyzed. A total of 117 individuals appeared before the Court within the first nine months and, of those, 75.2% were male and 24.8% were female (Barron et al., 2015). The average age of male clients was 31.5 years of age, and 33.6 years for female clients (Barron et al., 2015). Some of the most prevalent offences processed by the MHS Court were found to be failure to attend court while on undertaking or recognizance, failure to comply with probation order, common assault, and failure to attend court (Barron et al., 2015).

A qualitative analysis included interviews with 12 community stakeholders involved with individuals living with mental health conditions and two MHS clients. Themes identified across all interviews included overall positive attitudes toward the MHS, improved levels of buy-in among professionals and participants in MHS Court as compared to traditional court (i.e., participants were more motivated to address their mental health concerns and legal professionals were motivated to participate in the process), and ameliorations in legal effectiveness and communication between agencies. In addition to these broad themes, it was found that the amount of time invested into each individual client's file had a positive impact. Clients were able to become more comfortable with the legal process, producing more client

buy-in and resulting in more positive outcomes. Involvement in the MHS Court also helped professionals develop reasonable expectations of their clients. Although the ultimate goal of the Court is to eliminate reoffending and to improve public safety, many interviewees recognized that some clients will not stop reoffending completely. However, the respondents maintained that the MHS can assist in reducing the rate of reoffending, thereby improving public safety. Overall, those involved with the MHS regarded it as a continually evolving program that will improve over time (Barron et al., 2015).

While interviewees displayed confidence in the ability of the MHS to grow, several areas of concern were identified, most of which were related to the size of the docket. Areas in need of improvement included the oversized docket, an insufficient number of court sessions to support the large docket size, and the length of time needed to progress through the MHS due to the docket size and concerns related to public safety (e.g., a participant could commit a new offence while progressing through the program; Barron et al., 2015). Broad entrance criteria were employed by the Court to prevent individuals from “falling through the cracks”; however, several interviewees raised safety concerns about the more “serious” offenders being admitted into the MHS. Furthermore, additional training for professionals involved in this MHS Court was viewed by many interviewees as a way to improve the skills of those involved in the MHS team. Specifically, legal professionals wanted more education regarding the mental health system and mental health professionals wanted more information about the legal system—further highlighting the divide between these two sectors in the traditional legal system. While identifying both strengths and areas that need improvement, Barron et al. (2015) found that, overall, the MHS appears to be functioning well in meeting the expectations and needs of those involved.

Phase 2 – Preliminary Outcome Evaluation

The MHS is currently in the second phase of evaluation. Phase two is a preliminary outcome evaluation comprised of four distinct components:

1. Examination of Professionals’ Perceptions

A stakeholder survey to examine the MHS Court from the perspective of a broad network of professionals ($n=45$) with either direct or indirect involvement in the MHS Court and its clients was administered. Following the survey, interviews were conducted with nine stakeholders of the MHS including judges, prosecution and defense attorneys, psychiatrists, probation officers, FASD support workers, mental health and addictions workers and any other professional who appeared regularly before the court. The current report focuses on this component. Ethics clearance was received from the University of Saskatchewan’s Behavioural Research Ethics Board to conduct this study (see Appendix A).

2. Examination of Client and Family Member Perceptions

As part of a Nursing student’s Master’s thesis, interviews were conducted with MHS clients from the initial cohort and/or their family members between April to July, 2017. The purpose of these interviews was to assess clients and family members’ perspectives on the how well the MHS Court is meeting their needs. Results of the thesis as well as a report are forthcoming.

3. Pre-post Quantitative Secondary Data Analysis

Pre-post data was collected on the initial MHS cohort ($N=89$) and will be analysed for future reports. Client outcomes evaluated include: calls for service, arrests, charges, recidivism, mental health diagnosis, psychiatric care and emergency department admissions, number of court appearances, duration of MHS process, criminal charges, sentences awarded, compliance with sentence conditions, support plan compliance, promise compliance, time on remand, time on probation, and bail status. The pre-post evaluation of the original MHS Court consists of a 3 year review of court, police and health data on clients prior to their involvement in the MHS Court and 1 year post MHS Court involvement. The length of follow-up time on clients will vary depending on when their involvement in the MHS began. Secondary pre-post data from Saskatoon Health Region, Saskatoon Police Service and the Ministry of Justice will support these analyses. A report outlining the results of this analysis is forthcoming.

4. Comparative Cost Assessment

A cost assessment will be undertaken with support from the Ministry of Justice and other stakeholders involved in the MHS. Using a pre-post design, the cost analysis will provide an assessment of the difference the MHS made in the outcomes of the first year cohort of client, compared to what would happen if these clients did not go through the Court. Costs associated with individual clients will be compared 1-year prior to MHS intake and 1-year after MHS intake. Factors considered included the number of court appearances, number of arrests, number and type of convictions and mental health costs.

1.4 The Present Study

Evaluation Purpose

The purpose of this evaluation is to provide The Steering Committee of the Saskatoon Mental Health Strategy with a process evaluation exploring the activities implemented in the MHS Court program. This research was conducted to provide a comprehensive assessment of the MHS Court's activities and effectiveness by examining the perspectives and opinions of professionals who have extensive knowledge and firsthand experience with the MHS Court and its clients. This report will be guided by the following evaluation questions:

1. Is the MHS Court functioning as intended and are the objectives of the MHS Court being met?
2. Is the MHS Court functioning effectively? What are its strengths, weaknesses, barriers, and gaps?
3. Are the organizations involved in MHS Court collaborating effectively? Are some being utilized more than others?
4. What are professionals' perceptions of the functioning of the MHS Court and its contribution to their own professional growth?

2.1 METHODS: MAILOUT SURVEY

2.1.1 Participants

A mail survey was distributed to 74 community support and legal professionals with either direct or indirect involvement in the MHS Court and/or its clients between February and March 2016; it was completed by 45 individuals. Among these 45 professionals, 22 worked in a criminal justice service, 15 in a health care service, and 8 in a social support service. The total response rate to the survey was 61%.

2.1.2 Data Collection

A mail-out survey was administered to a variety of professionals with either direct or indirect involvement with the MHS Court and/or its clients. The survey asked participants about their general perceptions of mental health courts, their experience with the MHS Court, the effectiveness of specific court components, and their perceptions of client outcomes. Essentially, by surveying key stakeholders who are involved in the Court, the study aimed to describe professionals' perceptions of how the court works and its outcomes (refer to Appendix B for the full survey).

Survey Administration

The current study employed the tailored design method (Dillman, Christian, & Smyth, 2014) to maximize the response rate of the mail survey. This method involves varied contacts and mailings to connect with recipients personally to increase response rates (Dillman, Christian, & Smyth, 2014). Four points of contact were used when administering the survey. Initial contact was made with the survey recipients through a brief personalized pre-notice email sent on February 17th, one to two business days prior to survey delivery. This email informed participants that an evaluation was being conducted on the MHS Court and that, as part of this evaluation, a survey examining the impact of the MHS Court on its clients and professionals would be distributed. Additionally, this email notified recipients that a survey would be personally delivered to them within the next couple of days to the address of the organization with which they were affiliated.

The delivery of survey packages served as the second point of contact. A total of 68 survey packages were hand-delivered on February 18th. Each survey package consisted of a personalized cover letter inviting professionals to participate in the survey, an information sheet, a copy of the survey, and a stamped return envelope to allow the participants to send the completed survey back to the Centre for Forensic Behavioural Science and Justice Studies at no cost to participants (see Appendices B to D). The information sheet delivered with the survey provided participants with a detailed explanation of the study, any potential risks and benefits to their participation, a description of how their data will be stored and kept confidential and informed recipients that, by completing and returning their survey, their consent to participate was implied. Additional survey packages were delivered on February 22nd at the beginning of a MHS pre-court meeting and on February 24th to those who had not received a survey ($N=6$). Altogether, a total of 74 surveys were delivered to professionals involved in the MHS Court and/or its clients.

On March 2, survey recipients were contacted a third time by email. This email expressed appreciation to those who had responded to the survey and, additionally, acted as a reminder to those who had not submitted a survey by inviting them to respond at their earliest convenience. The final contact letter was included in a replacement survey package personally delivered to survey non-respondents on March 11. In this final contact letter, recipients were informed that data collection will be closed soon and that their feedback would be appreciated. It also addressed a concern regarding anonymity that was brought up by participants and outlined the changes that were made to the survey to ease these concerns.

2.1.3 Measures

The survey used in this study included the Inventory of Attitudes Towards Mental Health Courts (AT-MHC; McDougall, Campbell, Smith, Burbridge, Doucette, & Canales, 2012)—a scale used in previous research to capture attitudes towards MHCs— and several questions designed specifically for this evaluation project to assess the impact of the MHS Court and its functioning. Specifically, the impact that the Saskatoon MHS Court has on professional development was assessed by asking participants to give their rating on statements regarding their professional practice within the last 6 months. The functioning of the court was measured by asking professionals to rate the extent to which they agreed or disagreed with the statements designed to examine how well certain aspects of the MHS Court operate (i.e., pre-court, court attendance, and connecting clients to community services).

Modified AT-MHC Scale

A modified version of the Inventory of Attitudes Towards Mental Health Courts (AT-MHC; McDougall et al., 2012) was used in the current study. The original AT-MHC scale ($\alpha = .94$; McDougall et al., 2012) consisted of 24 items measured on a 5-point Likert scale anchored at 1 (strongly agree) and 5 (strongly disagree). As the original scale was intended to measure perceptions of professionals along with the general public, some questions included in the original AT-MHC scale were modified or omitted resulting in 11 items of the original 24 items being included in the current study. Total scores on the modified AT-MHC were calculated by adding up all responses to items¹. Total scores on the adapted AT-MHC scale ranged from 11 to 55; with higher scores indicating more positive attitudes towards mental health courts.

2.1.4 Data Analysis

Scaled Survey Items

Responses to scaled survey items were imputed, coded and analyzed using SPSS. Participants' attendance at pre-court and court ranged from 0 to 49 sessions. Because attendance was skewed, participants were categorized into one of three groups based on their level of attendance. The first group included those that never attended pre-court or court; the second group included participants whose range of attendance was between 1 and 9; and the third group included participants who have attended 10 or more pre-court meetings or court dates.

¹ The modified AT-MHC scale incorporated seven positively worded items and four negatively worded items. For the purposes of the scale calculation, the negatively worded questions were reverse coded.

Open Ended Questions

Responses to the open-ended questions included in the survey were analyzed using thematic analysis. Thematic analysis is a qualitative method used to identify, analyze and report patterns within data known as themes (Braun & Clarke, 2006). The analysis began with a review of the data to develop an in-depth understanding of the content provided. Codes were then generated by reviewing data for noteworthy or interesting features. These identified features were then grouped into themes (Braun & Clarke, 2006).

2.2 METHODS: PROFESSIONAL INTERVIEWS

2.2.1 Participants

Follow-up interviews were conducted on a purposeful sample of professionals involved in the Saskatoon MHS Court in order to gain a more in-depth understanding of professionals' perceptions of the Court. A selective sample of professionals were invited to participate in the semi-structured interviews. Participants were contacted via email and interviews were conducted between July and September 2016. A total of 9 professionals were interviewed with representation from judicial services, legal services (prosecution and Legal Aid), FASD and cognitive support services, mental health and addictions, and probation services. Among the 9 professionals interviewed, only 2 had not completed the mail survey.

2.2.2 Data Collection and Analysis

All data collected through the interviews was qualitative in nature (refer to Appendix E for a complete list of interview questions). Similarly to the open-ended survey questions, the interview data was analyzed using thematic analysis (Braun & Clark, 2006). Thematic analysis involves the systematic identification of recurring themes and patterns in the responses of the interviewees which emerge when similar words or content are expressed within and across interviews. The interview data was analysed using the stages outlined in Braun and Clark (2006) and consisted of the researchers familiarizing themselves with the data, generating initial codes for the data, searching for themes within those codes, reviewing themes, and defining and naming themes.

2.3 METHODS: Limitations

There are a few limitations associated with this study. Due to the specialized nature of the MHS Court, only a small group of professionals were identified as having involvement with the MHS Court and its clients. Because individuals of this sample are part of a small select group, it is possible that some survey recipients were hesitant to complete the survey for fear of being identified. Furthermore, only a small group of professionals were purposefully invited to participate in the interviews. Because individuals of this sample are part of a small select group, some of the specific quotes were omitted from the analysis in fear of identifying individuals and the professional organization that they represented. These results are limited in their generalizability, as this research looks specifically at Saskatoon's MHS Court.

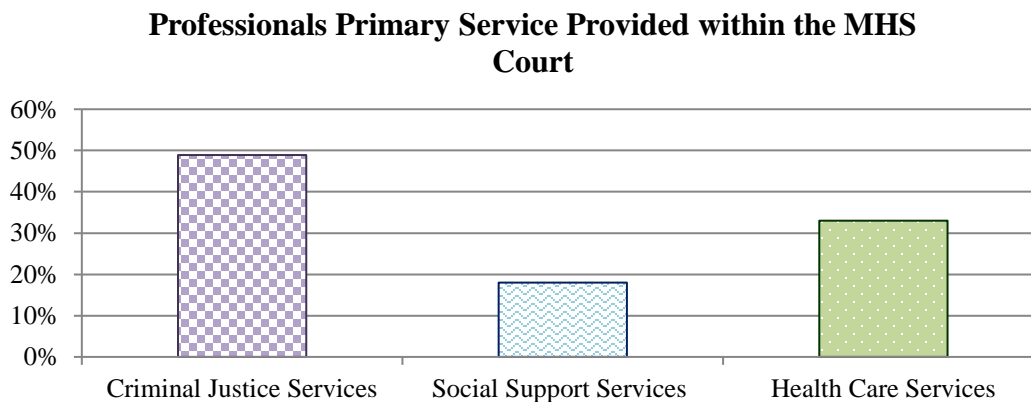
3.1 RESULTS: Mailout Survey

Demographics

Professionals Primary Service Provided within the MHS Court

Of the 45 respondents who completed the survey, 22 (48.9%) provided criminal justice services, 8 (17.8%) provided social support services and 15 (33.3%) provided mental health services within the MHS Court (See Figure 2).

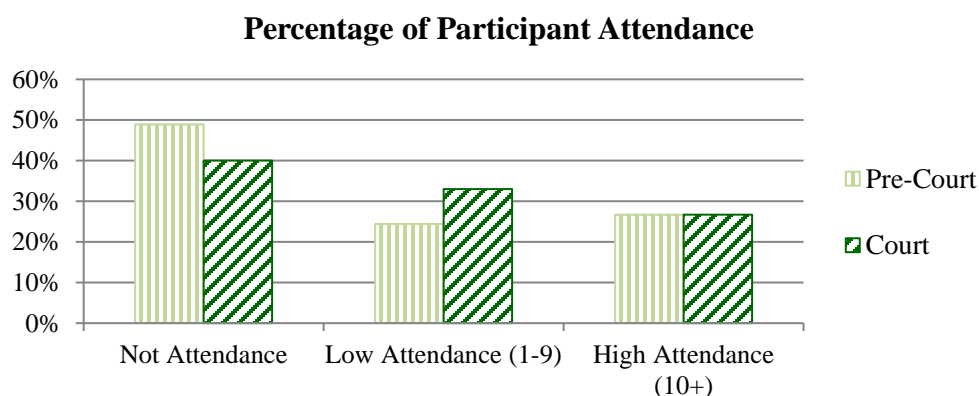
Figure 2: Primary Service of Professionals within MHS Court



Participant Frequency of Attendance

Of the 45 respondents who completed the survey, 11 (24.4%) attended MHS pre-court meetings between 1 and 9 times (low attendance) and 12 (26.7%) attended MHS pre-court meetings more than 10 times (high attendance). Overall, 12 (26.7%) professionals had high attendance for both MHS pre-court and court meetings (See Figure 3).

Figure 3: Pre-court and Court Frequency of Attendance

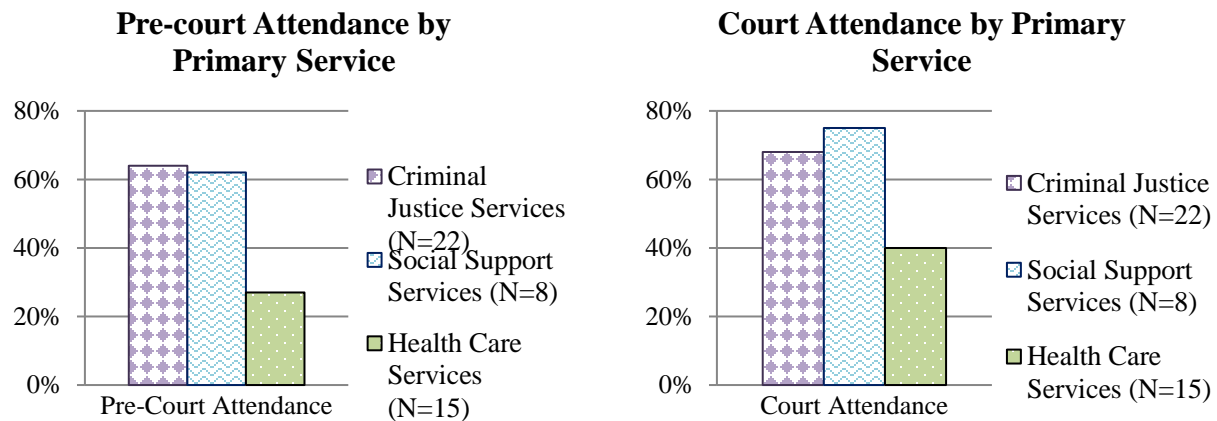


Participant Pre-Court/Court Attendance by Primary Service

As a result of only a small number of professionals attending MHS Court on a consistent basis, attendance at MHS pre-court and court by profession are omitted from this report to avoid the potential identification of respondents. However, results of attendance at pre-court and court by primary service area are highlighted in Figure 4. Over 60% of criminal justice and social support services attended pre-court meetings compared to just under 30% of health care services. Rates

for attending MHS Court were highest among social support services (75%) and lowest amongst health care services (40%).

Figure 4: Pre-court and Court Attendance by Primary Service

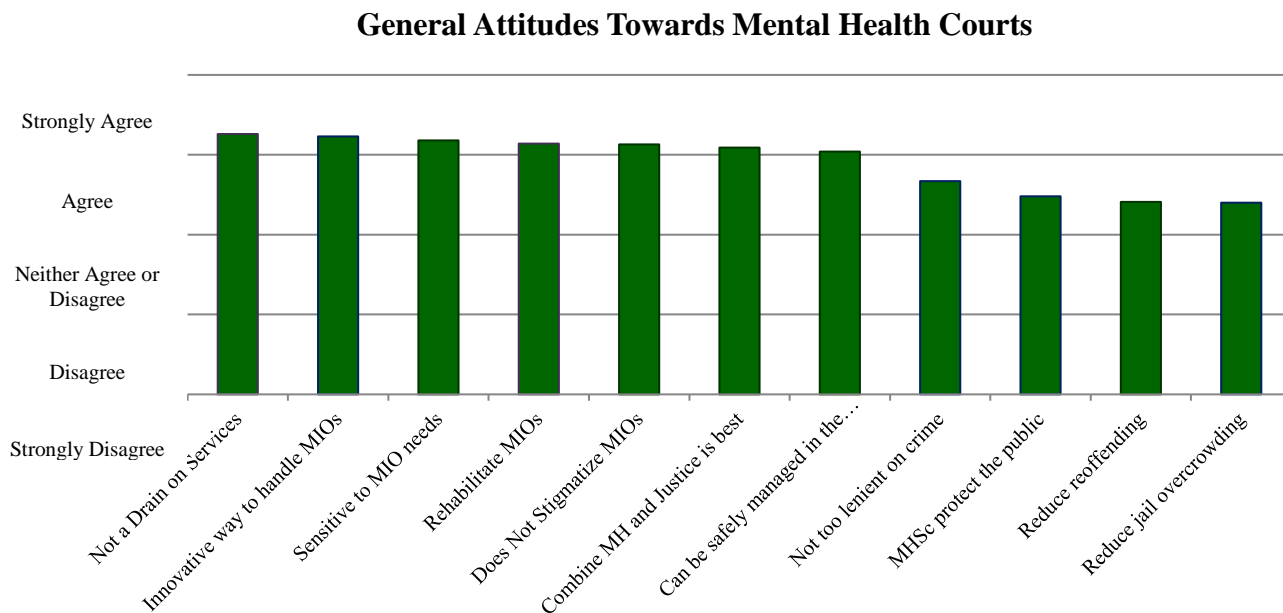


The high attendance of criminal justice professionals could be a reflection of the number of criminal justice professionals involved in the MHS Court process (prosecution, defense and judges). In contrast, many health care and social support service providers primarily connect with MHS clients in the community and have only a few representatives that attend court.

General Perceptions of Mental Health Courts

To develop an understanding of the professionals' general perceptions of MHCs, participants' total scores on the adapted AT-MHC scale were calculated. On average, participants had positive attitudes towards MHCs ($M=43.07$, $SD=4.06$); with total scores ranging from 34-52 out of a total possible maximum score of 55. The average score on each scale item was just below 4 ($M=3.92$, $SD=0.37$), which translates to an 'agree' on the positive items and a 'disagree' on the negative items (see Figure 5). The internal consistency of the AT-MHC revised scale is $\alpha = 0.64$.

Figure 5: General Attitudes towards Mental Health Courts based on the Adapted AT-MHC Scale



One-way repeated measures analysis of variance (ANOVA) with Bonferroni post hoc tests were run to determine whether participants' responses to certain items in each survey section were significantly different than their responses to others. Results showed that there was a significant difference between items with positive connotations; $F(6, 240) = 10.61, p < .01$.

For the positively phrased AT-MHC items, items fell into three groups as indicated by the letters in Table 1 based on significant findings, two which overlapped. Items related to how mental health courts dealt with mentally ill offenders rated more highly than items related to outcomes of the criminal justice system and society.

Table 1. *Pairwise Comparison of Positive AT-MHC Item*

Survey Item	Mean (SD)	
MHCs are an innovative way of dealing with mentally ill offenders.	4.22 (0.10)	A
MHCs are sensitive to the needs of mentally ill offenders.	4.22 (0.12)	A
MHCs are better able to rehabilitate mentally ill offenders than jails.	4.15 (0.14)	A B
Combining mental health and justice resources in one program is the best way to deal with mentally ill offenders.	4.10 (0.13)	A B
MHCs are one way of protecting the public.	3.49 (0.16)	B
MHCs reduce reoffending among mentally ill offenders who come into conflict with the law.	3.39 (0.11)	C
MHCs are a valuable way of dealing with jail overcrowding.	3.39 (0.16)	C

Note: Items that share a letter are not significantly different from one another

Similarly, the results of a one-way repeated measures ANOVA detected significance between negative AT-MHC items, $F(3,126) = 8.97, p < .01$. For the negative AT-MHC items, items fell into two groups. Specifically, participants' disagreed with the item related to MHCs being lenient on crime at a higher rate compared to questions related to stigmatization, safety and drain on mental health services (refer to Table 2).

Table 2. *Pairwise Comparison of Negative AT-MHC Items*

Survey Item	Mean (SD)	
MHCs are too lenient on crime	2.35 (0.84)	A
MHCs are a drain on mental health services	1.74 (0.66)	B
MHCs further stigmatize mentally ill offenders	1.86 (0.52)	B
Mentally ill offenders cannot be safely managed in a MHC	1.95 (0.58)	B

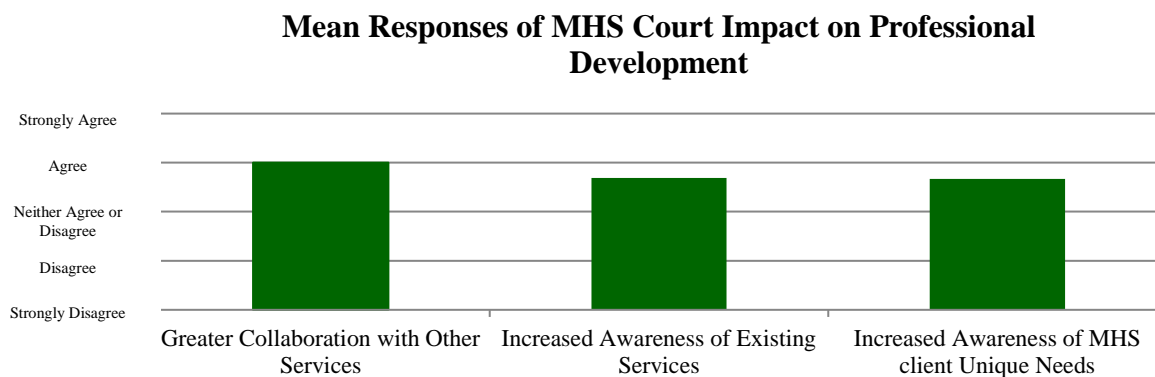
Note: Items that share a letter are not significantly different from one another

In order to determine whether variation existed in participants' general perceptions of MHCs by the type of service they provide within the MHS Court, a one-way between subjects ANOVA compared participants' total scores on the adapted AT-MHC scale to the three main categories of services provided within the MHS Court: criminal justice, social support and health care services. This analysis was found not to be significant, $F(2, 38) = 1.03, p = .364$.

Impact of Saskatoon MHS Court on Professional Development

This section examined the impact the Saskatoon MHS Court had on professional development. Participants were asked to rate the extent to which they agreed with statements as they applied to the last six months. On average, participants rated each question in this section with approximately a 4 indicating agreement that the MHS Court had increased awareness of MHS clients' unique needs ($M=3.67, SD=0.80$); increased awareness of existing services available for MHS clients ($M=3.96, SD=0.793$); and resulted in greater collaboration between their organization and other services ($M=4.00, SD=0.577$). Figure 6 highlights these findings.

Figure 6: Impact of Saskatoon MHS Court on Professional Development



One-way ANOVA and Tukey post hoc tests were run to determine professionals' perceptions of the impact of the MHS Court on professional development by type of profession. There were no statistically significant differences found between perceptions of the MHS Court increasing awareness of the unique needs of MHS clients and types of profession (i.e., health care services, criminal justice services, and social support services). In general, all types of professions agreed that the MHS Court had increased their awareness of the unique needs of MHS clients. Furthermore, there were no statistically significant results between types of profession and whether the Court had resulted in greater collaboration between organizations and other services. All profession types agreed that the MHS Court had increased collaboration between their organizations and other services. However, results showed that there were significant differences in the extent the MHS Court increased awareness of existing services among the different service providers, $F(2, 42) = 3.68, p = .03$. Tukey post hoc tests revealed that social support services were significantly in more agreement that the MHS Court increased their awareness of existing services available for MHS clients ($M = 4.00, SD = 0.54$) compared to health care services ($M = 3.27, SD = 1.03$) and criminal justice services ($M = 3.86, SD = 0.56$).

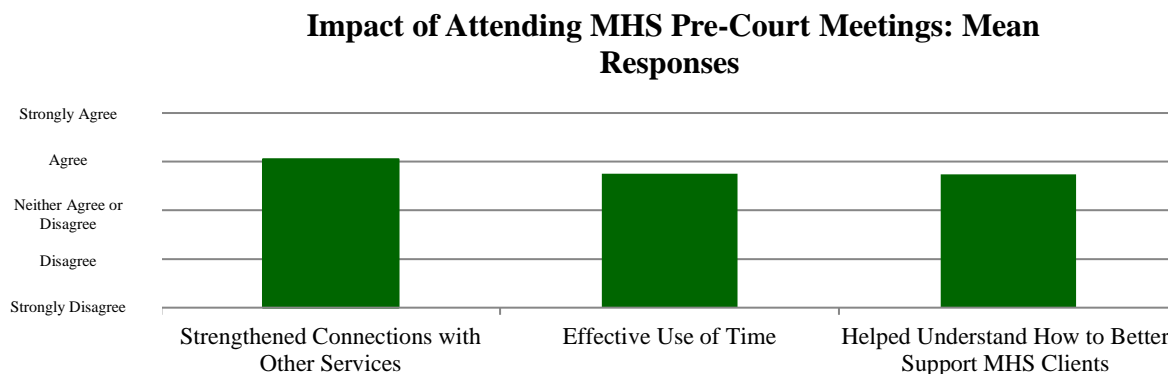
Operation of MHS Court Components

To examine how well specific aspects of the MHS Court operate, participants were asked to rate the extent to which they agreed or disagreed with questions related to MHS pre-court meetings; MHS Court sessions; and connecting clients to services within the community. When responding, participants were asked to only consider their experiences during the previous six months.

MHS Pre-court Meetings

Participants agreed that the MHS pre-court meetings helped professionals understand how to better support MHS clients ($M = 3.74, SD = 0.933$) and strengthened their organizations connections with other service providers ($M = 4.05, SD = 0.224$). They also believed that attending pre-court meetings was an effective use of professionals' time ($M = 3.75, SD = 0.967$). Figure 7 helps highlight these findings. One-way ANOVA and Tukey post hoc tests were run to determine professionals' perceptions of MHS pre-court meetings by type of profession. There were no statistically significant differences regarding the perceived impacts of attending pre-court meetings on any of the variables.

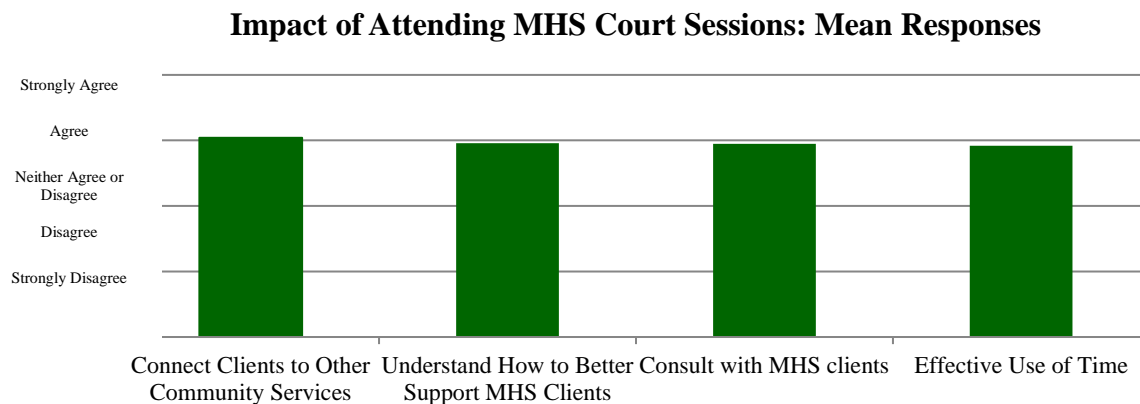
Figure 7: Operation of MHS Pre-Court Meetings



MHS Court Sessions

On average, participants rated each question in this section with approximately a 4 indicating agreement that the MHS Court allows professionals time to consult with clients ($M=3.95$, $SD=0.384$); helps professionals understand how to better support clients ($M=3.96$, $SD=0.445$); and allows professionals to connect clients to other community services ($M=4.04$, $SD=0.351$). Participants also agreed that attending MHS Court sessions is an effective use of their time ($M=3.92$, $SD=0.572$). Figure 8 highlights the mean scores. A one-way ANOVA indicated that there were no statistically significant differences found between perceived impacts of attending Court sessions on any of the variables.

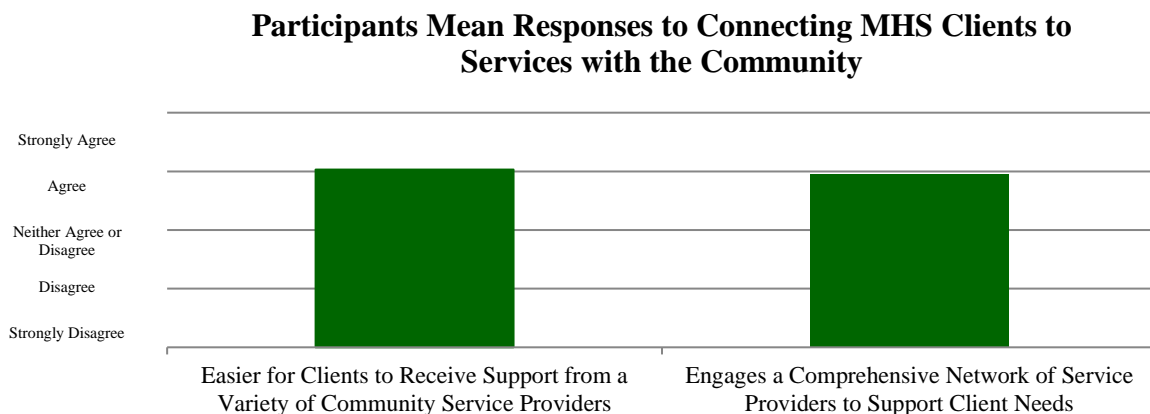
Figure 8: Operation of MHS Court Session



Connecting Clients to Services within the Community

One of the main functions of the MHS Court is to connect clients to services in the community to address their needs. On average, participants agreed that the MHS Court engages a comprehensive network of service providers to support MHS clients ($M=3.95$, $SD=0.677$). As well, participants agreed that the MHS Court makes it easier for clients to receive support from a variety of community service providers ($M=4.03$, $SD=0.592$). Figure 9 outlines these results. A one-way ANOVA indicated that there were no statistically significant differences.

Figure 9: Connecting Clients to Services within the Community

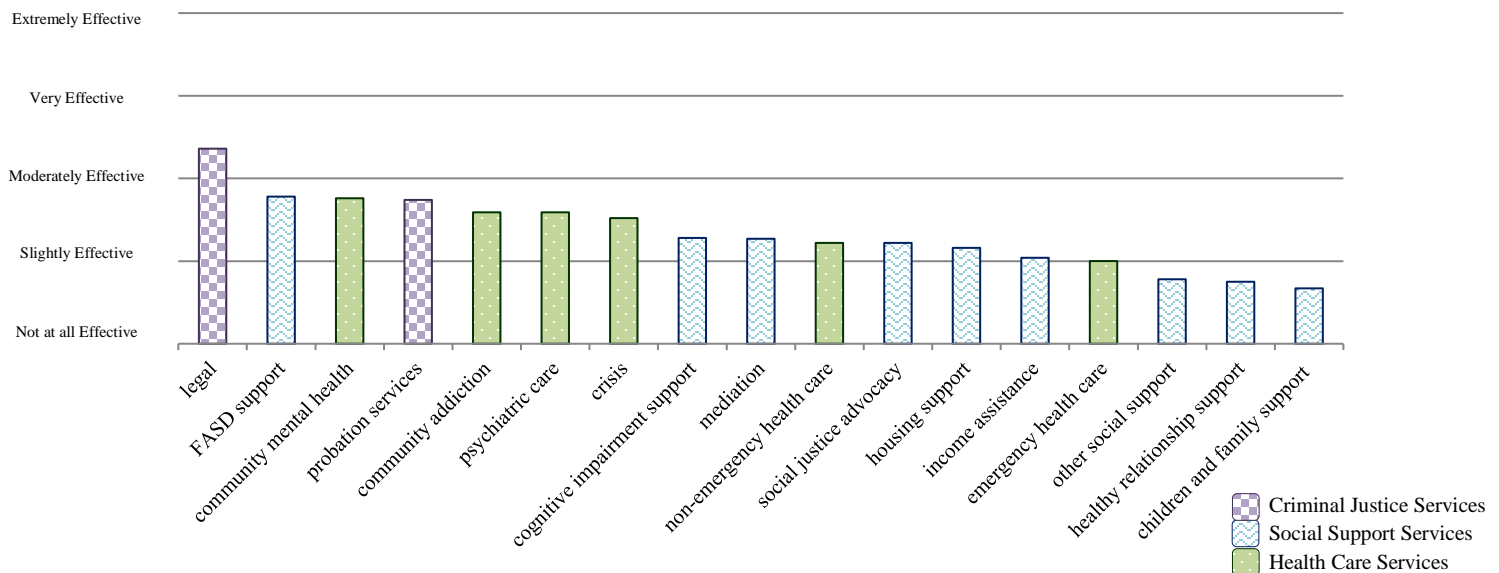


Effectiveness in Connecting Clients to Various Community Services

Participants were also asked to rate how effective they felt the MHS Court was in connecting clients to a variety of criminal justice, social support and health care services within the last 6 months. Participants on average rated the MHS Court as being more effective at connecting MHS clients to criminal justice services ($M = 3.78$) than health care services ($M = 3.42$), $t(46) = 1.70$, $p < .10$, and social support services ($M = 3.12$), $t(23) = 2.54$, $p < .02$. Social support and health care services were only rated minimally different, $t(18) = 1.23$, $p < .20$ (see Figure 10).

Figure 10: Effectiveness in Connecting Clients to Various Community Services

Participants Mean Response to MHS Courts Effectiveness in Connecting Clients to Various Community Services



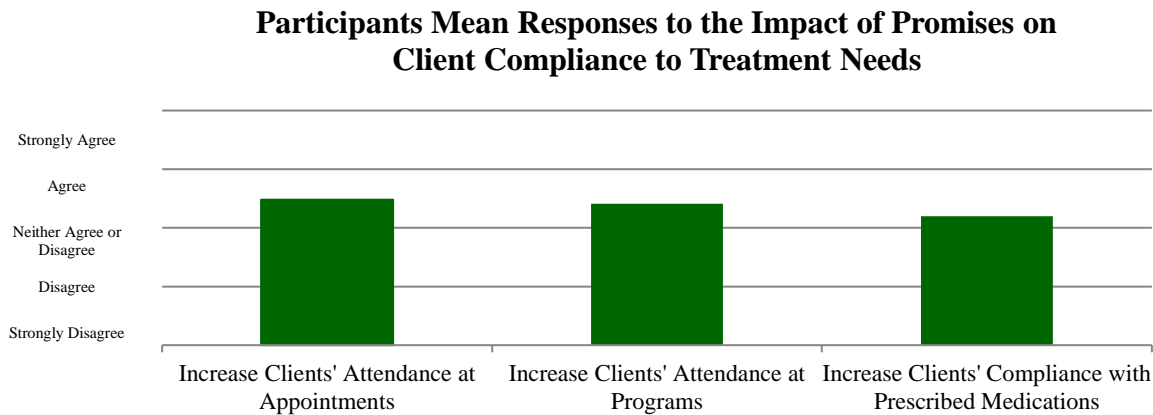
Impact of the MHS Court on Its Clients

This section assessed the professionals' perceptions of whether the MHS Court has had an impact on its clients; specifically relating to promises, treatment plans (referred to as case management plans in the semi-structured interviews), diversion from prison sentences, and reduction in recidivism. On average, participants agreed that the MHS Court empowers clients by allowing them to speak openly in court ($M=3.78$, $SD=0.801$). Unfortunately, participant response rates for this section were low, therefore, comparison of statistical differences of item ratings were not calculated.

Impact of Promises on Client Compliance to Treatment Needs

Participants were asked to rate the impact that promises made to the MHS Court had on client compliance to treatment needs from their professional perspective (see Figure 11). On average, participants neither agreed nor disagreed that promises made to the MHS Court increase MHS clients' attendance at scheduled appointments ($M= 3.48$, $SD=0.785$) or attendance at prescribed programs ($M=3.31$, $SD=0.733$). As well, participants neither agreed nor disagreed that promises made to the MHS Court increased MHS clients' compliance with taking prescribed medications ($M=3.20$, $SD=0.707$).

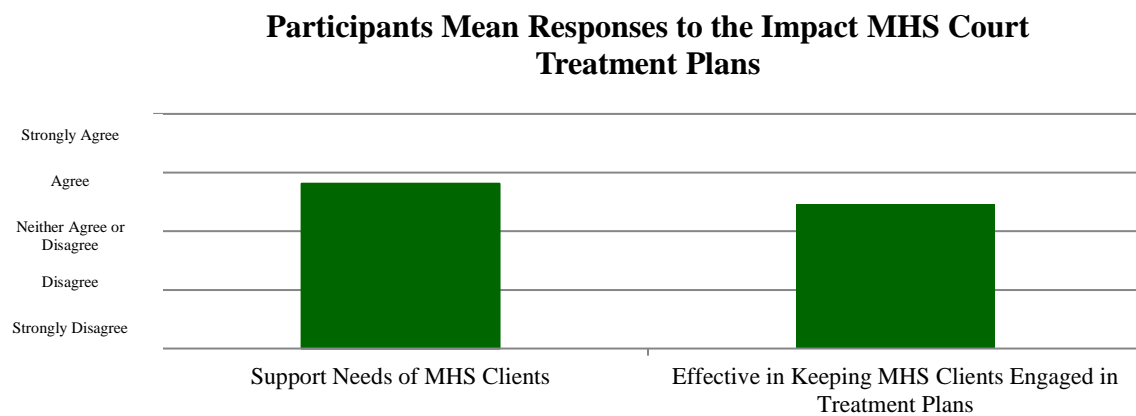
Figure 11: Professionals' Perceptions on the Impact of Promises



Impact of MHS Court on Treatment Plans

Participants were asked to rate the impact that the MHS Court had on treatment plans from their professional perspective. On average, participants agreed that treatment plans supervised by the MHS Court support the needs of MHS clients ($M= 3.81$, $SD=0.543$). Conversely, participants neither agreed nor disagreed that the MHS Court is effective in keeping MHS clients engaged in their treatment plans ($M=3.47$, $SD=0.785$). Figure 12 highlights the mean scores.

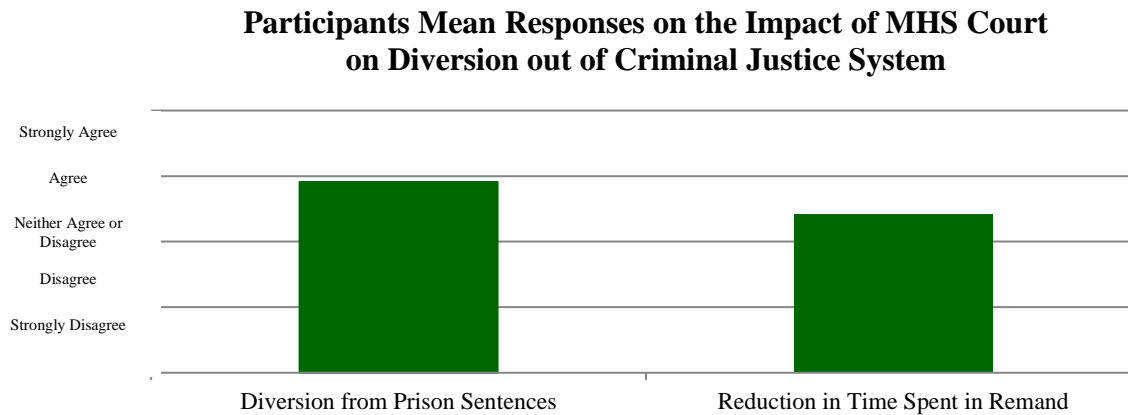
Figure 12: Professionals' Perceptions on the Impact of MHS Court Treatment Plans



Impact of MHS Court on Diversion out of Criminal Justice System

Participants were asked to rate the impact that the MHS Court had on diverting MHS clients out of the criminal justice system (see Figure 13). On average, participants agreed that the MHS Court diverts clients from prison sentences ($M= 3.91$, $SD=0.466$). Conversely, participants neither agreed nor disagreed that, compared to the traditional court system, the MHS Court is more effective in reducing the amount of time MHS clients spend in remand ($M=3.42$, $SD=1.027$).

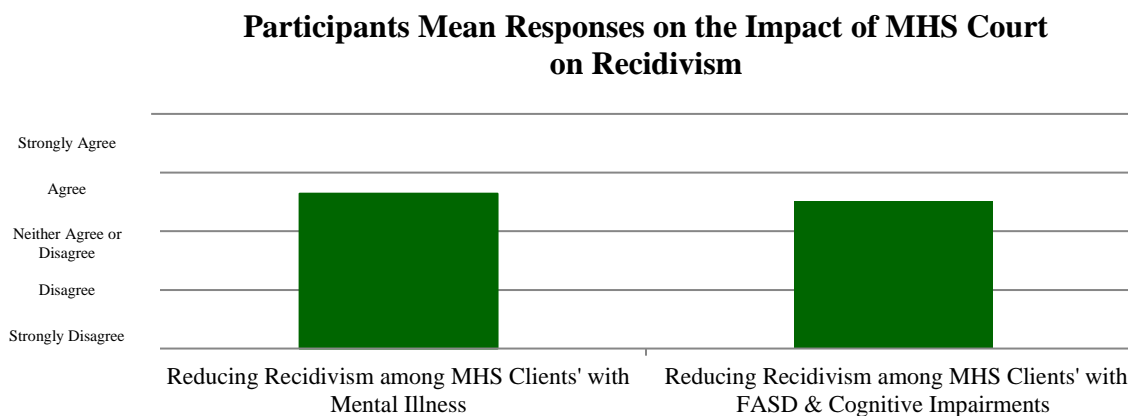
Figure 13: Professionals' Perceptions on the Impact of MHS Court on Diversion out of Criminal Justice System



Impact of MHS Court on Recidivism

Participants rated each question in this section with approximately a 4 indicating agreement that, compared to the traditional court system, the MHS Court is more effective in reducing recidivism among MHS clients with mental illness ($M=3.64$, $SD=0.701$); and among MHS clients with FASD and other cognitive impairments ($M=3.52$, $SD=0.750$). Figure 14 highlights the mean scores.

Figure 14: Professionals' Perceptions on the Impact of MHS Court on Recidivism



Responses to Open-Ended Questions

Participants were asked to provide their opinion on how participation in the Court has impacted their clients, if there were any gaps or obstacles impeding clients in the Court, and for general comments about the Court. Themes identified related to the benefits, barriers and areas of improvement for the MHS Court.

Benefits of the MHS Court

Participants' responses indicated that the MHS Court is connecting its clients to services within the community that they may not have been connected to otherwise. One participant noted that when clients have greater access to services, there is an increased chance of recovery.

“MHS has more tools than regular court to connect clients to supportive services and combine efforts of team members so clients can better access various services and help clients manage their multiple appointments”

One success of the MHS Court frequently mentioned by participants was the collaborative nature of the court. Participants often noted that there has been greater collaboration between service providers and community organizations as a result of the MHS Court. For instance, a criminal justice professional mentioned that having readily available access to service providers in the Court makes it much easier to engage clients.

“Thankfully it has brought a number of services and programs together across systems to better communicate, collaborate, and case plan for the betterment of clients”

Barriers

Participants identified barriers that were more systemic issues than a reflection of the MHS Court itself. Even so, these barriers were noted to directly affect the length of time a client is involved in the MHS Court. Lack of resources and prolonged wait times for services seemed to be an obstacle facing many participants. It was noted when sentencing is dragged out due to the long wait times for services, this can often result in a client earning more system related offences. Two of the most frequently listed service gaps were housing and psychiatry. Participants noted that the length of time it takes to obtain a psychiatric assessment increases the number of court appearances and the overall length of time one spends in the MHS Court.

“Too few community resources to truly support the clients in the community. Long wait times to access community based resources”

“Faster response times from medical professionals when requests made for existing reports. This unnecessarily increases the number of court appearances and overall length of time before court”

Areas for Improvement

Participants identified areas of improvement for the MHS Court in order to better support client needs, which included client follow-up and need for a case manager/coordinator. Participants frequently reported follow up as a weak spot in the MHS Court. Maintaining contact with MHS clients is difficult for many professionals; for example, it is difficult to reach clients when they have no permanent residence and are unlikely to carry a cell phone. While it is difficult trying to keep in contact with clients, it is essential for clients to have that contact. Many clients lack the ability to keep appointments or attend court due to a variety of challenges that they may face.

“I think that even though they have all the support in place at the time of their court dates there is no follow up on clients. For example, John Doe has been given \$300 in fines to work off but has mental health issues and FASD. He’s sent out of the court barely makes it to probation office on time for his appointments. Where is his support after he leaves the court house?”

Many participants expressed the need for a coordinator or contact person to manage cases coming through the MHS Court. Participants indicated that a full-time coordinator would

improve the court's efficiency by acting as a central point of contact for all professionals involved.

“The lack of a case manager to assist with client assessments, the development of case management plans and reporting. As a result much of the work falls on Legal Aid, which does not have the resources to handle the extra work.”

Such a role is necessary in the Court to facilitate communication between services and provide the most up-to-date information on participants. Overall, participants suggested that introducing a coordinator to the MHS Court would allow undertakings to be carried out prior to the court date, and therefore, ensure that court time be better spent discussing and creating client treatment plans.

3.2 RESULTS: Professional Interviews

Professionals' interviews included discussion of several broad themes including balance, resources, and connections. Each of these broad themes have subthemes reflecting the successes and challenges of the Saskatoon MHS Court.

Balancing Priorities and Viewpoints

Participants identified both strengths and areas of challenge when trying to find balance among the various professionals involved in the Saskatoon MHS Court as well as among the competing priorities of the court.

Priorities

Professionals discussed the delicate balance that exists between the opposing goals of the MHS Court, such as meeting the needs of the clients, taking mental health concerns of clients into consideration, and managing public safety. Many of the professionals involved in the Court did perceive that the Saskatoon MHS Court was achieving its goal of balancing the needs of the offender with the needs of the community. Professionals pointed to the fact that participants were being treated for the underlying cause of their offending behaviour rather than simply being penalized as they would be in the traditional criminal justice system.

“Well, the regular court system does not take into account what someone living with FASD deals with and how their brain works, and I think, and mental health court is not perfect, it can't be because laws are laws, but it really helps take into consideration the fact that it's brain damage and they want to work with the client rather than just put them in jail.” (Social Service Professional)

“The whole idea of the court is to address the underlying problem, so if we put together a treatment plan for somebody whose underlying problem is they've got mental health issues and they've never really made a connection to a psychiatrist, if we can get them connected to a psychiatrist, and they're seeing that person and perhaps that psychiatrist is giving them medications, it addresses what's causing their offending behaviour, so there's always a plan.” (Criminal Justice Professional)

Despite the general success of the MHS Court, professionals did point out that the goals of the court were sometimes unclear and that there was difficulty achieving a balance between providing services to as many people as possible while also maintaining the ability to provide each client with the depth of service and personal attention that they require in order to be successful.

“I think the other thing that the court has to look at, in all the support networks, do we want to be taking less people in and doing a more in depth job on each one, or do we want to be doing a wider broad brush approach, getting as many people connected as we can.”
(Criminal Justice Professional)

“If the goal is to refer anybody in that has any sort of mental condition, then yes, they’re being referred appropriately. If the goal is to refer those people that have a mental illness that resulting in their offending, so a causal connection between the illness and the offence that they’re charged with, not necessarily.” (Criminal Justice Professional)

Finally, legal professionals involved in the court reported a unique concern with balancing their duty to the victims and the public good with the goals of the MHS Court.

“We have to be aware of the complainant’s interests as well and ensure that their interests are protected and represented. We’ve got the Victim’s Bill of Rights, which is very critical legislation now that we always have to be conscious of, and now we’ve got the offender and now we’re receiving all this information, so it’s quite a balancing for the prosecutor in there. Sometimes you kind of have to stop yourself, because some of these folks, I’ve gotten to know them on a, like on a first name basis, so I see them out there and ‘Hi, how are you?’, and then you have to remind yourself – I can’t lose sight of, you know, what they’ve done. I have to still make sure that they’re held accountable.” (Criminal Justice Professional)

“It’s just from the prosecutor it’s difficult because we have to do a lot of balancing there and we have to be careful that we’re not losing sight of our goal which is the public safety component and the Victim’s Bill of Rights component.” (Criminal Justice Professional)

Multi-disciplinary Nature of the MHS Court

Professionals sometimes reported difficulties reconciling the different viewpoints and approaches of the various professionals involved in the court. As the Saskatoon MHS Court is a multi-disciplinary team, team members often come into the meetings with different goals, grounding, and viewpoints which can lead to disagreements or difficulties among professionals.

“I’m realizing that the judicial system and a clinical setting do not match. They’re two different things and to try and bring those into one umbrella of a service doesn’t work, they don’t click..... Maybe that’s not a bad thing, they’re just two very separate systems. It’s difficult to incorporate clinical in judicial.” (Health Care Professional)

Despite some difficulties reconciling differing viewpoints and specialties, professionals appreciated the collaborative nature of the MHS Court and pointed to an increased level of

awareness of services and other professionals who could provide the best holistic service to their clients.

“I would say there’s more of an awareness that we can work together, and there’s definitely more of an awareness of hey, this is someone that we can both work with, and that someone who I’m working with identifies as living with FASD is there any way you can help them? So it’s like a snowball effect.” (Social Services Professional)

Pre-court Meetings

Pre-court meetings were an important area for professionals to collaborate with one another and to share viewpoints. Participants noted that they felt that the pre-court meetings were beneficial to obtain information on the clients’ current status and needs. One participant noted the benefits of the pre-court meetings are that they provide greater insight on identifying needs of the clients and providing context to the professionals on where they can step in to provide assistance in meeting the clients’ needs.

“...I find it valuable. We get to hear more of the background stuff that the Defense and Crown is doing whereas otherwise if we just went into court we wouldn’t know any of the conversations in open court then if there’s something I need to maybe approach somebody on, I’ve got a bit of information. The pre-court meetings are valuable. Maybe we don’t need to go over everybody, maybe if we talk about new people or if there’s any concerns anybody has, I don’t know that we necessarily have to go over every name. If there is nothing, we just say the name and go on anyways.” (Health Care Professional)

Interviewees suggested a few recommended changes to the structure and operation of the pre-court meetings. For example, one participant noted that the seating arrangement of the pre-court meeting made it difficult to facilitate discussion.

“One of the things I really struggle with is the pre-court meeting, and just the seating arrangement...I find that it is just not conducive to having a good conversation, and I think that’s the benefit and purpose of that pre-court meeting is to have a discussion on each of the clients and I find that the positioning of the people is still very hierarchical whereas you have your defense and your prosecutor and the judge and everyone else is behind and we can only speak at certain times. I would like the conversation to be for people to feel more comfortable in speaking up because I don’t think they’re always very comfortable in doing so and I think there is information not being shared that should be shared” (Criminal Justice Professional)

Another participant mentioned that having a more formalized pre-court meeting process with a written summary of what is discussed about the client would be a great benefit to understanding a client’s needs and having a source to refer to as the client progresses through the MHS Court.

“I think that’s what we would like to see more formalized in that 8:30 [pre-court] meeting. You know, it’s kind of an opportunity to brainstorm about what’s going on with the offender...” (Criminal Justice Professional)

Resources

Participants discussed having to operate within the existing judicial system and network of community services, which is often not amenable to providing all of the supports required to fully support justice-involved individuals living with mental illness. Some of the specific challenges that were identified related to insufficient forensic and community mental health resources, a lack of dedicated funding to support the MHS Court, and increased workload volumes for professionals involved in the court.

Funding

Participants noted a general lack of funding resources for forensic mental health resources, causing a strain on professionals in the community.

“So while sure, I’d like to see more funding for mental health overall, because I think we need more, but, it would be nice to have some more dedicated psychiatrists with the mental health strategy for sure. We’re really lacking, and we’re lacking trained, like when it comes to writing court reports – our psychiatrists don’t know how to do that. So, you know they’re not forensic psychiatrists like Dr. Mela is, so I wish we had a few more of those in the community who were focused on forensic psychiatry” (Criminal Justice Professional)

Further, participants discussed the strain placed upon them and their agencies by the addition of the MHS Court. Professionals were passionate about the MHS Court and its contributions, but they noted that they were not given additional funding resources to run the Court and the additional duties were causing strain.

“And of course too, this whole thing has been done with no funding, so there was no increase in capacity for us to hire a new individual to come in, we have just had to make do with what we’ve had, and that of course has always been a challenge.” (Social Service Professional)

“I’m amazed at what people have been able to accomplish just kind of working these off the side of their desk in addition to all their regular duties. I think the therapeutic courts are a move in the right direction and should be continued. But it should be continued in a way that is proper so that it doesn’t just all fall apart if certain key people kind of leave or retire or move out onto other things. It has to be self-sustaining and to make it self-sustaining requires proper funding and a proper acknowledgment of the legitimacy of the program.” (Criminal Justice Professional)

The professionals discussed the lack of funding resources for the MHS Court and generally for justice-involved individuals living with mental illnesses, and some of the barriers these individuals have faced with the current funding situation (i.e., increased jail time, lack of programming, and daily assistance).

“Funding, which is partly why this situation is what it is, so funding, big time. I have a client who should have way more funding, like way more assistance and instead they just put him in jail all the time. And there’s no money. And then the question is like why isn’t there, anyways, it’s like a vicious circle.” (Criminal Justice Professional)

“I think it’s always financial. If there’s not four people working with mental health services to go around and see people. If budget cuts make it two, they’re seeing everybody half the time, and people like [Client 1] who needs more constant reminders and day to day meetings fall by the way side.” (Criminal Justice Professional)

“I personally think people who are looking at jail sentences and might get a community based sentence are the most appropriate people that should be. When we’re not funded, with very few resources, we don’t have real programming available, I think that would make more sense.” (Criminal Justice Professional)

Despite the challenges posed by a lack of funding, participants were still optimistic about the prospects of the Saskatoon MHS Court. Participants suggested securing funding for a dedicated coordinator to organize clients’ files and to pick up some of the slack that professionals have assumed on an ad hoc basis.

“Could it be better? Yeah, of course it could be, if it was funded better. I think the trial coordinator position is the single most effective change that could be made, right now to have that central person to coordinate all resources and relieve some of the burden from legal aid.” (Criminal Justice Professional)

“Having a coordinator would definitely help because I feel like sometimes things get lost because there’s only like, there’s a court clerk that does it but she also has another full time job, so there’s only so much. So there’s like a missed communication, or information that wasn’t shared with someone that needed to be shared with someone. So, then again that goes back to the dollars, right? I mean having a coordinator has been something that has been an issue since the very start.” (Social Service Professional)

“I would say funding, the trial coordinator position, and perhaps more people in the court system that could be subbed in and out and be able to do this work so that the people involved are not at risk of burning out too. So more than just one legal aid lawyer, more than just one or two crowns that go in, more than just two judges, I think we’re up to three now. Just to be able to spread it out a bit so that no one group is taxed too heavily I think will contribute to the longevity of the program.” (Criminal Justice Professional)

Based solely upon professionals’ perceptions of the Saskatoon MHS Court and its functioning, an increase in funding for the MHS Court and the creation of a dedicated coordinator position would ease the burden of many of the issues described by the professionals. An increase in funding for the mental health sector more generally might also increase capacity and ease some of the burden placed upon the professionals.

Workload

Although professionals believed in the mission of the Saskatoon MHS Court, many discussed the difficulties presented by their participation in the court and, more specifically, the additional workload that their participation created for them. Professionals lamented the lack of resources available to them and the addition of more cases to their already very busy caseloads.

Professionals appreciated the mission of the court and their participation in it, but acknowledged the reality of the increased workload and lack of capacity that they were facing.

“We’re all doing the best we can, but we’re doing it very much on an ad-hoc basis I think. Other than that, I think it’s a great court, I just think we could do so much more.”
(Criminal Justice Professional)

“From an administrative point of view, it certainly has increased our workload here. We’ve made a huge switch and I think it’s partially due to the mental health court system from where we were really focusing on families and particularly families with children within our caseloads. Now we’ve really switched into the individuals who are living on the spectrum. So that’s been one switch is an increase in that.” (Social Service Professional)

“So maybe the numbers are too high for the ability of what we can actually do. So I had 25 clients of my own at one time. So right now, before the moratorium², I had 25 people at one time in the strategy, just me, so there’s probably another 5 or 10 people that classic has or private lawyer has. That’s a lot of people.” (Criminal Justice Professional)

“How much we are able to do with what we have. We have our own caseloads here and then having to take on a case load from mental health strategy is time consuming.”
(Social Services Professional)

As professionals were quite involved with the court and passionate about its mission, they often took on additional duties outside of their normal job duties. From the professionals’ descriptions, it seems that the legal aid office took on a considerable amount of the extra work with the lawyers and legal assistants going above and beyond the normal scope of their jobs to assure that clients were getting all of the supports and services that they required before they were able to proceed through the court system.

“You’ll notice [Legal Aid Lawyer] a couple of times she was speaking about, you know, talking to doctors and she’s the lawyer for these people. She’s doing a great job of, but she’s going way beyond what she should be doing as a lawyer.” (Criminal Justice Professional)

“So now they have to go see a family doctor to get a referral to see a psychiatrist, I mean it’s a lot of work for somebody that is probably not good at managing their life, and they don’t have any one person helping them. So what happens is they come to court and we [Legal Aid], my assistant or I are making appointments. We don’t have time to do that.”
(Criminal Justice Professional)

Again, participants pointed to the appointment of a funded coordinator position as being a viable solution to the issues that they were facing in terms of workload. Participants noted that a coordinator would be responsible for many of the tasks that were resulting in an increased workload for the individual professionals and their agencies.

² After the publication of the report by Baron et al. (2015), there was a moratorium issued on accepting new clients into the Saskatoon MHS Court

“That lack of coordination, communication, follow-up, which the people involved in the court don’t have the ability to do that because they all work other full time jobs and I think that sometimes make it a little bit difficult for the clients to be successful, because they don’t have that person that’s like the external brain telling them, remember you have to do this, this, and this. That is something that a coordinator could do but, again, it’s all funding, and there is only so much we can do for our clients that are involved and there’s only so much that other community organizations can do.” (Social Service Professional)

“With the capacity of the people that are working in mental health strategy. It’s like do we have that capacity and is there anyone that would have that capacity to do that, to support that person in that. Right, and a coordinator, I guess that’s where that comes in.”
(Social Services Professional)

“I think that’s the main one, is really a case manager. I know the community agencies are always pressed for resources, so that can be an obstacle we maybe aren’t so aware of it. We don’t see that, they’d be more equipped to say how this is stressing out their agency’s resources. I think we’re getting access to some of these resources, whereas people in the community might not be getting as easy access. So people are benefitting from going through the strategy, which is great, but it’s not to say that there is enough community resources out there to deal with the population and their mental health needs.” (Criminal Justice Professional)

Connections

Participants discussed how the Saskatoon MHS Court fits into the broader picture of society and how their participation in the Court has shaped their personal knowledge and perspectives.

Awareness and Education

Professionals—including those involved in the legal, health, and social services sectors—discussed how their participation in the court broadened their perspectives and aided their understanding of the ways that mental illness and the judicial system interacted. For instance, professionals described an increased awareness of the reasons individuals may commit crimes, the pervasiveness of mental health issues in the criminal justice system and in the general community, and has changed the way in which professionals regard certain behaviours exhibited by their clients.

“I think it just brings awareness to the fact that there are so many underlying things as to reasons why people commit crime or what they do, whether it’s their disabilities, their mental illness, their living situation, and I always knew that, but it’s kind of like opened my mind a little bit more to that and brought more understanding to me especially.”
(Social Service Professional)

“I’m just more aware. I mean I always was aware as a lawyer that a lot of people had mental health issues. Generally speaking, when I became a judge I was surprised at how many people have some issue. Very new. Like a lot of people appear before us, so that kind of. But since I’ve been in mental health I’m more aware of it than I was as just as a general judge”
(Criminal Justice Professional)

“I think it has changed the way that I look at the offending behaviour, for sure. Because...you have to remember there’s no provision in the criminal code for us to request a psychiatric or a psychological report even though we know full well it would help us. So, in the old days when I was first practicing, some private practitioners were very – and there’s a couple in the community in particular – who would get their client to go to their psychologist or whoever their counsellor was, write a letter, and they would share it with the court and the crown. And in those cases, you’d be like, oh wow, well that really puts perspective on what appears to be very scary behaviour, right?” (Criminal Justice Professional)

Professionals also discussed using the knowledge gained from their participation in the MHS Court in order to better inform clients of the court. Many professionals discussed having to educate clients about their mental illness and what services are in place to support them during their time in the MHS Court and while in the community.

“Part of it is education. I was surprised, there’s a lot of people [MHS Court Clients] who come in and you think surely they must know, but they don’t know that these services are available.

Diagnosis for some, some services like the FASD network requires a diagnosis before that service is made available, so diagnoses assist people sometimes in getting services. And having those agencies available to connect with the people, like mental health and addictions services is often there, they’ll speak to the people and then they know what they have to do to connect with that agency.” (Criminal Justice Professional)

“A lot of [MHS Court clients] don’t understand their mental illness, so maybe it’s an education, and acceptance of the fact that they’re a person living with a mental illness and they just have to, you know, that’s not going to go away, and you have to deal with it.

(Criminal Justice Professional)

Some professionals mentioned that, in addition to bringing awareness to the issues being faced by MHS Court clients specifically, they have been applying what they have learned through their participation in the MHS Court to other court rooms where mental health issues may be present, but may not be the focus of the court; expanding the reach of the MHS Court and benefitting other courts and individuals who may be dealing with mental health issues.

“I think it’s made me more aware, in general, of people that might be suffering from a mental health condition, and I think it’s made me more aware of co-morbid issues, dealing with their criminality, in terms of things like housing, employments and all of brought up by the accused, legal aid, or the crown. We may be looking at that to see if there’s another way to close things, and maybe more mindful of speaking to people in all of the courtrooms that might be suffering from a mental health conditions or have learning disabilities.” (Criminal Justice Professional)

“I’ve certainly learned a lot. I’ve learned a lot more about resources that are available within the community, and there are a lot of them. What they have to offer individuals that come before the court, and have those tools and that information available to me as a prosecutor and to give to my colleagues. Regardless of whether an individual is actually in the strategy or not, those are still connections that I can use to arrive at a proper disposition of a file.”

(Criminal Justice Professional)

Support

Professionals discussed the necessity of extra supports (e.g., drug and alcohol programming, psychological/psychiatric services) in order for clients to be successful. As clientele of the court are often a difficult-to-serve population with complex needs, it is often difficult to coordinate all of the services necessary for their journey through the court system and their continued mental health in addition to any additional court-mandated services. Although professionals recognized the need for support, there were often barriers (e.g., lack of resources and funding, lack of a dedicated person to coordinate services) to clients receiving the support they required.

“Because often times there are several things that an individual is told to do when they are leaving mental health strategy. It’s like, ok, you’re going to this psychiatrist appointment, then you’re going to this programming group, and then you have to come back here on this day. It’s like, ok, so there’s nobody supporting me in this, how am I going to be successful in completing these things.” (Social Services Professional)

Professionals also discussed the role that the MHS Court plays as a support itself wherein clients are provided with supports they would not receive through the traditional court system. Professionals indicated that they believed that the increased supports and connections provided by the MHS Court better equipped their clients to proceed through the court system and gave professionals the opportunity to spend more time with each client to learn about their unique needs and to ensure that they are getting all of the services and supports which are necessary for their success.

“I would think it’s because they have that support and they are connected to the things they need to be connected to and making those connections is easier through the mental health strategy than just going to it, like if you were just to go there by yourself. I think that’s a big one, they now have that support and that kind of guidance as to what they need to do to be successful in their own way.” (Social Services Professional)

“So with my mental health clients I take a lot of time for those cases in doing case management and really trying to encourage them to participate in programming and not so quick to breach, whereas I think if they would have been in the mainstream many of them would have been breached very quickly. I don’t think the systemic breaches, for them, it’s not beneficial in many cases. And for some it is.” (Criminal Justice Professional)

“I think the benefit is really them receiving more pressure from the courts to follow through and attend their appointments. For example, if they’re missing their addictions appointments, when the court requests an update and they’re told this person is not doing this and this and this, and that’s discussed within the court or by their defense lawyer and they’re encouraged too. So I think it’s mostly just reinforcing and supporting what we are already trying to do.”
(Criminal Justice Professional)

“Well, somebody is actually listening to them, like someone is actually paying attention to the fact they don’t have a place to live. And I think when you have a judge at the front of the room

who is actually saying ‘this is a concern for me’ that’s really got to, I’m sure that does a lot for their self-esteem.” (Criminal Justice Professional)

Professionals discuss some of the particularly challenging aspects of providing supports to their clients and point out some unrealistic expectations of the Court and its scope. Professionals acknowledged that, while the Court provides an essential service, there are limitations to what the Court can address. Unfortunately, these limitations can lead to unclear expectations of what the Court can and cannot do for clients. These unclear expectations can produce frustrations for both clients and professionals involved in the Court and has led some professionals to feel that the lack of clarity and support is unfair within a therapeutic setting. Additionally, similar issues (i.e., resources, workload, and funding) mentioned previously in the report are brought up as explanations for the challenges

“I continually hear one theme about if you have issues like housing, transportation, blah blah blah. Housing and transportation is never met by this process so those are two things I think they need to remove from the dialogue period because that is unrealistic. Like the introduction to the mental health strategy, the bench will always say if you have issues with housing, if you have issues with transportation let us know, we’ll get you that service. That’s impossible, who’s going to provide that? So that needs to be removed from the dialogue, that’s not what this court is about, finding housing or transportation.” (Health Care Professional)

“I don’t understand why they get kicked out to be honest. I think that the clients could be treated more fairly with clearer expectations and outcomes and it’d be nicer to see less people with more involvement and collaboration with organizations where these people are getting, you know, maybe paired up with somebody to assist them with their case planning instead of just leaving them kind of like go do it, and if you do it great, and if you don’t you don’t benefit. I think it’s unfair in a therapeutic setting and with people who are so vulnerable, I don’t think it’s fair.” (Criminal Justice Professional)

Falling through the Cracks

Despite the best efforts of the professionals involved in the MHS Court, professionals expressed frustration with the perceived lack of community buy-in, communication, and collaboration as something that allowed clients to slip through the cracks of the criminal justice system. Professionals mentioned that the limited number of community agencies currently connected with the MHS Court limits the options available to individuals in the MHS Court. One of the barriers to connecting clients with these vital community services is that there is still stigma attached to justice-involved individuals, limiting the services that are willing to be affiliated with the Court and to share information with the lawyers and legal professionals involved. The limited number of services available to individuals in the Court leads to long wait times for individuals to be served and slows down their progression through the Court and potentially limits the amount of services that clients can actually receive while in the Court.

“If more community organizations were connected to the mental health strategy it would be easier for people to have that support because it would give them more options.” (Social Service Professional)

“One time somebody made an appointment for somebody and they really got involved and made the appointment, but I’d love to see more of that. Why aren’t you getting these people more connected? Why aren’t we making appointments right there? There’s a disconnect I find, especially with mental health. For example, when I started with this, they’d go down to mental health Sturdy Stone building, and our clients were told they couldn’t see a mental health counsellor because they were in criminal court. So I had to call and be like, but they’re in the mental health strategy... Can you guys not connect it so that these people can actually go see a counsellor, because again, I don’t understand what the point of the mental health strategy is if we’re not able to connect them to mental health.” (Criminal Justice Professional)

“Waiting lists. Everybody has got such long waiting lists. I ran into a really interesting situation with a mental health counsellor. And the court had ordered specifically that this person receive personal counselling focusing on her anti-social behaviour, lying and deceitfulness, and she’s also bi- polar. And so she was working with a counsellor at the McKerracher Centre and I wasn’t receiving feedback from her even though I had authorization for release of information and she had the same from the client, she was still very reluctant to share information with me. And it has been ongoing and very frustrating, so sometimes the lack of communication or sharing of information between services is a challenge.” (Criminal Justice Professional)

In addition to limits in capacity of external organizations affiliated with the Court, there are also internal struggles which may lead to clients not receiving all of the services that they need to be successful. Clearer goals and aims for the pre-court meetings were identified as being elements that would improve the pre-court meetings as it would give the professionals involved a better understanding of what the most important elements to be discussed for each individual client would be. Further collaboration among the agencies would facilitate a better understanding of the aims and goals of these meetings and would assist in ensuring that the pre-court meetings are best meeting the needs of the clients.

So, I think all agencies need to be collaborating and I think the crown and defense and the judges in pre court meetings need to be collaborating which I don’t think happens right now as well as it could. I think a little bit more structure. I think if it was organized a little better that there would be more, like if people knew what was supposed to be going on”
(Criminal Justice Professional)

4. DISCUSSION

The purpose of this evaluation report is to examine the effectiveness of the activities implemented by the MHS Court program and some preliminary outcomes associated with the court. This report is one part of a larger study and, as such, it focuses on professionals' perceptions of the court specifically. In order to achieve this purpose, the evaluation was driven by four evaluation questions:

1. Is the MHS Court functioning as intended and are the objectives of the MHS Court being met?
2. Is the MHS Court functioning effectively? What are its strengths, weaknesses, barriers, and gaps?
3. Are the organizations involved in MHS Court collaborating effectively? Are some being utilized more than others?
4. What are professionals' perceptions of the functioning of the MHS Court and its contribution to their own professional growth?

Functioning and Effectiveness of the MHS Court

Both the mail-out surveys and semi-structured interviews were used to determine professionals' perceptions of whether the MHS Court is functioning as intended and as effectively as possible. Several areas were identified where the MHS Court has excelled as well as where there is room for improvement. Overall, professionals perceived that the court was meeting its goals of serving justice-involved individuals while ensuring community safety. Professionals indicated that they believed that the Court was treating the underlying causes of offending behaviour rather than simply criminalizing it; an important goal of the court. Despite the apparent success of the court in meeting its goals, professionals also discussed several challenging areas. Specifically, professionals discussed difficulties with balancing the needs of the offenders with the needs of the community—an issue that was particularly salient for the legal professionals involved in the Court. Additionally, professionals indicated that the goals and priorities of the Court could be unclear and led to confusion among the professionals.

Limited funding and high workloads were identified as significant barriers to the MHS Court's effectiveness. Professionals noted that they have been operating the Court without funding or an increase in capacity, straining professionals involved and creating barriers to its successful operation. The lack of funding and increased workload has led to several barriers including increased jail time for clients, a lack of available programming, and limited assistance to clients proceeding through the MHS Court. As the Court has a limited number of professionals affiliated with it (e.g., psychiatrists, Legal Aid lawyers), clients often have to wait for services leading to increased time while proceeding through the criminal justice system. The Court also does not offer additional programming to clients as they do not have the capacity to offer any special or additional programs. Additionally, the dedication of professionals to the Court meant that many individuals ended up taking on additional duties above and beyond the normal scope of their job duties in order to ensure that clients' needs were being met by the Court and the Court was meeting its goals. Although it is not mentioned explicitly in the interviews, it is clear that the additional duties put strain on the professionals involved in the Court and led the professionals interviewed to suggest having more individuals involved in the Court. Professionals also acknowledged the necessity of extra supports in order for clients to be successful (e.g., housing

supports, addictions treatments, a dedicated case manager to remind clients of their various appointments). Clients were affected by the same barriers as professionals (e.g., lack of resources and funding, lack of a dedicated person to coordinate services), which limited the extent to which they received the resources they required and were successfully diverted from the court system.

Pre-court meetings were identified as an important component for achieving the MHS Court's goals as they provided professionals with the opportunity to collaborate and share information to gain further insight into their clients (MacDonald et al., 2014; McNeil & Binder, 2010; Stewart & Mario, 2010). However, interviewees and survey respondents did offer several suggestions for improving the pre-court meetings. Specifically, professionals indicated that the seating arrangements and the inherent hierarchical structure of the pre-court meetings made it difficult to have open discussions of the cases. Conversely, professionals indicated that the Court could be improved with the addition of more structure and documentation in order to better understand and document the clients' needs as they progress through the court.

Additional suggestions for improving the overall effectiveness and functioning of the Court included the creation of a position for a dedicated coordinator who would be responsible for coordinating cases, keeping track of clients and their use of community services, and following up with clients to ensure that their needs are being met. Clearer goals and aims for pre-court meetings also would improve the functioning of the Court. Finally, additional collaboration among community agencies would ensure that the goals of the Court are being met and that the Court is functioning effectively.

Collaboration among Organizations

On the survey, participants' ratings of how effective the MHS Court has been in connecting clients to various services within the community served to identify clear variations in services. Participants on average rated the MHS Court as being more effective at connecting MHS clients to criminal justice services than health care services and social support services. Variability found among professionals' perceptions of the effectiveness in connecting clients to specific services may be a reflection of clients' needs rather than a failure of the MHS Court. That is, certain community services (i.e., criminal justice services) may be more essential to MHS clients (or more widely needed) than others and, therefore, were rated by professionals as being more effectively connected to clients by the MHS Court.

Results of the semi-structured interviews with professionals indicated that, although different specialties were able to collaborate, there were often difficulties reconciling the different viewpoints of the various professionals involved. Specifically, integrating the judicial and therapeutic viewpoints, a general reluctance among organizations to serve justice-involved individuals, and a hesitancy to engage in information sharing even when proper consents were in place all posed difficulties to collaboration. Additionally, as noted in the overall functioning of the Court, the lack of funding for a coordinator was again mentioned as a barrier to collaboration among the various organizations involved in the MHS Court. As there was no one dedicated to organizing clients' files and ensuring that clients were attending their appointments, much of the work was left for the various professionals and organizations to do in addition to their regular workload—hindering the organizations' ability to collaborate effectively. Participants indicated

that a coordinator would improve the capacity for various organizations to collaborate as it would decrease the amount of strain placed on the professionals by the additional workload.

Perceptions of the MHS Court and Professional Growth

The survey results indicated that generally participants had positive attitudes towards MHCs and the Saskatoon MHS Court. Participants of the present study displayed relatively high scores on the adapted AT-MHC scale which suggests that they had positive attitudes towards MHCs in general. This result is not surprising as the nature of most participants' professions are in accordance with the goals and intentions of MHCs. With respect to the Saskatoon MHS Court, participants largely regarded the Court as having a positive impact on their professional development. In the interviews, professionals indicated that the multidisciplinary nature of the MHS Court afforded them a better, more holistic view of their clients and allowed them to develop a better understanding of the services available to justice-involved individuals with mental health challenges. In addition to applying their increased knowledge of mental health issues in the criminal justice system to the clients of the MHS Court, professionals also reported that they were able to apply their learning to clients outside of the MHS Court system. This increase in knowledge and professional development means that professionals were able to better assist all of their clients whether or not they had identified mental health issues.

Results of attendance at MHS pre-court meetings indicated that over 60% of criminal justice and social support services attended pre-court meetings compared to just under 30% of health care services. Rates for attending MHS Court sessions were highest among social support services (75%) and lowest amongst health care services (40%). Attendance at MHS pre-court and court was correlated significantly with certain survey items (e.g., connecting clients to other community services, effective use of time); however, Court attendance was not significantly related to overall perceptions of the MHCs as measured by the adapted AT-MHC scale. It is possible that attendance at pre-court and court meetings is not an accurate measurement for determining participant's level of involvement in the MHS Court. For example, the MHS Court has three designated provincial court judges who alternate presiding over court. While their attendance may be significantly smaller than other attendees, their level of involvement may still be greater. Additionally, while there are individuals who have not attended MHS Court, they may have frequent direct contact with MHS clients outside of court and therefore have extensive knowledge of the needs and challenges facing MHS clients.

5. RECOMMENDATIONS

Based on the findings of the evaluation, the following recommendations are put forward to further support the MHS Court:

1. **Increase funding provided to the MHS Court and enhance functioning of the Saskatoon MHS Court.** Professionals indicated that an increase in funding would be beneficial as it would allow the Court to increase capacity and offer more support and programming for clients. The lack of funding is a fundamental barrier which has had a trickledown effect, resulting in a myriad of the other issues experienced by the Court including an increase in workload for professionals involved and the absence of a dedicated coordinator. Although professionals focused on issues specific to the Saskatoon

MHS Court, they also indicated that the forensic mental health system is lacking in funding and resources more generally.

2. **Hire a MHS Court Coordinator to track each individual case proceeding through the Court and to act as a liaison between professionals.** As participants identified an absence of client follow up in the MHS Court as a concern, appointing a full-time coordinator to direct communication, assist in monitoring promises, and facilitate case management would benefit the MHS Court. The lack of coordination across the various services involved in the Court can impede the success of the clients and puts extra burden onto the professionals responsible for service delivery. Due to funding constraints, hiring a court coordinator is extremely challenging. As such, other avenues are currently being explored. For example, one suggestion under consideration is to have social work students as part of a practicum/training provide this service to the Court/clients.
3. **Increase awareness of the MHS Court among professionals in the community in order to enhance collaboration among agencies and professionals, especially those reluctant to serve justice-involved individuals.** Since certain service gaps (i.e., a reluctance to serve justice-involved individuals and a lack of collaboration among professionals) were identified by professionals, efforts to increase awareness of the MHS Court among local community services through informative pamphlets, meetings with currently unengaged agencies, or educational workshops would serve to promote the engagement of organizations unaware of the MHS Court. For instance, a community outreach and education event could be useful in raising awareness, increasing engagement from organizations that attend Court sporadically, and building connections with agencies that are currently not involved with the MHS Court—but whose services could benefit Court clientele. The MHS Court has created an updated pamphlet outlining the new admission criteria and overall function of the MHS Court that could be utilized in promoting engagement among organizations unaware of the MHS Court.
4. **Pre-court meetings should be restructured to promote collaboration among professionals and to eliminate any hierarchies which may impede on open dialogues among professionals.** Pre-court meetings should be seen as an opportunity for professionals to openly discuss clients and to come up with the best solutions for each individual client. In the current structure, pre-existing hierarchies limit the open dialogue among professionals and limits the sharing of information among professionals.
5. **An increase in the number of professionals involved with the Court to increase capacity and to reduce strain the professionals currently involved.** Currently, there are a limited number of professionals associated with the MHS Court. Professionals interviewed for this report indicated that the limited number of professionals strained their resources and produced fears of burnout. Having a larger number of professionals to pull from would reduce the workload put upon each individual person and could increase the number of contacts and collaborators potentially available to the Court as each individual professional would have their own network of contacts. Additionally, having cases more spread out among professionals could mean that the Court could serve more clients as each professional could take on a set number of cases, increasing capacity.

6. CONCLUSION

Overall, participants had positive attitudes towards the Saskatoon MHS Court and indicated that the Court had increased their awareness of the unique needs of its clients and existing community services. Professionals indicated that their participation in the MHS Court has contributed to their professional growth and more positive personal views on the impacts of an MHS Court on clients, the court was perceived to be functioning well (i.e., meeting the goal of diverting clients away from the traditional justice system and treating the underlying causes of criminality), and appreciated the strong community connections which had been forged by the MHS Court. There were several areas of improvement identified for the court including increasing capacity and preventing burnout among professionals, providing more clarity about the aims and goals of the court, and increasing collaboration among various professionals and community agencies. Specific recommendations for addressing these challenging areas include an increase in funding for the MHS Court and mental health services, the creation of a dedicated coordinator position for the MHS Court, an increase in collaboration among community agencies and the Court, a restructuring of the pre-court meetings to promote open dialogue, and an increase in the number of professionals providing their services to the Court. Future components of the evaluation will provide a more in-depth understanding of the MHS Court and the impact it is having on clients.

7. EPILOGUE

The implementation and ongoing administration of the MHS Court has been a dynamic process whereby its members constantly reflect on what is working and what is not working and adjust accordingly. Many of the recommendations or areas of improvement suggested by participants have already been addressed by the MHS Court. For example, participants in the interviews noted that the governance of the MHS Court was lacking and that it would be helpful for all professionals involved to re-evaluate the MHS Court as a group. Since the interviews took place (summer 2016), the MHS Steering committee has begun meeting on a regular basis to discuss the MHS Court. Furthermore, professionals noted that there needs to be a more restrictive admission criteria and greater structure around the process of referring clients into the MHS Court. Subsequently, changes were made to the referral process in that client referrals would go through the Crown of the MHS Court in consultation with Legal Aid. The referrals are determined based on whether the client ‘fits’ the refined admission criteria which looks at: the seriousness of the mental health issue; the potential for incarceration; the frequency of offending behaviour; nature of the offence; collateral social issues such as homelessness and addictions; prior involvement with the MHS; and a general ‘catchall’ type of category to allow for the exceptions in particular circumstances. Additionally, participants recommended changes to the structure and operation of the pre-court meetings. Many professionals involved in the pre-court meetings felt that the set-up of the pre-court meetings prevented open discussion among the various professionals who could provide valuable insight on clients and their needs and oftentimes made it difficult to hear the conversation that was taking place. As a result, the pre-court meetings have moved to a different room in the courthouse, which allows for a round table discussion where everyone feels part of the conversation.

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APPENDIX A – ETHICS APPROVAL



UNIVERSITY OF
SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB)

Certificate of Approval Study Amendment

PRINCIPAL INVESTIGATOR
Steve Wormith

DEPARTMENT
Psychology

Beh #
14-290

INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT
Saskatoon Provincial Court Building
220 19th Street East

STUDENT RESEARCHER(S)
Keith Barron, Courtney Florchinger, Krista Mathias

FUNDER(S)
INTERNALLY FUNDED

TITLE
Evaluation of the Saskatoon Mental Health Strategy Court (MHS Court)- Phase 2

APPROVAL OF
Phase 2 Amendment:
MHS Survey Invitations
Information Sheet
MHS Court Preliminary Outcomes Survey

APPROVED ON
29-Feb-2016

CURRENT EXPIRY DATE
27-Aug-2016

Full Board Meeting ☐

Date of Full Board Meeting:

Delegated Review ☒

CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month prior to the current expiry date each year the study remains open, and upon study completion.

Please refer to the following website for further instructions: <http://research.usask.ca/for-researchers/ethics/index.php>

Vivian Ramsden, Chair
University of Saskatchewan
Behavioural Research Ethics Board

Please send all correspondence to:

Research Ethics Office
University of Saskatchewan
Box 5000 RPO University, 1602-110 Gymnasium Place
Saskatoon SK S7N 4J8
Telephone: (306) 966-2975 Fax: (306) 966-2069

APPENDIX B – SURVEY

Saskatoon Mental Health Strategy Court Preliminary Outcomes Survey

START HERE

PERCEPTIONS OF MENTAL HEALTH COURTS (MHCs)

This section is designed to examine your **general thoughts about MHCs**. Please rate the extent to which you agree or disagree with each of the following statements.

1. MHCs are better able to rehabilitate mentally ill offenders than jails.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

2. MHCs are sensitive to the needs of mentally ill offenders.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

3. MHCs are a drain on mental health services.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

4. Mental health services could be better used by people who are not involved with the law.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

5. MHCs are a valuable way of dealing with jail overcrowding.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

6. MHCs further stigmatize mentally ill offenders.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

7. MHCs are an innovative way of dealing with mentally ill offenders.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

8. MHCs are one way of protecting the public.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

9. MHCs are too lenient on crime.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

10. Mentally ill offenders who go through MHCs are more likely to commit another crime than mentally ill offenders who go through the regular criminal court system.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

11. MHCs are just another way for mentally ill offenders to go unpunished.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

12. MHCs should not be prioritized because there are other underfunded services that are more worthy of attention.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

13. Mentally ill offenders should be treated the same in a court of law as offenders without mental illnesses.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

14. MHCs put the community at risk.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

15. Mentally ill offenders cannot be safely managed in a MHC.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

16. Although an offender may have a mental illness, they should still be sent to prison.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

17. Mentally ill offenders are less likely to respect the court process.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

18. MHCs are ineffective because they are too informal.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

19. MHCs have the potential to reduce reoffending among mentally ill offenders who come into conflict with the law.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

20. MHCs create a system that is unfair to individuals who have committed a crime and do not have a mental illness.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

21. Combining mental health and justice resources in one program is the best way to deal with mentally ill offenders.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

IMPACT OF THE SASKATOON MHS COURT ON PROFESSIONALS

This section is designed to examine the impact of various aspects of the Saskatoon Mental Health Strategy (MHS) court in relation to professionals' involvement in the court. *Please rate the extent to which you agree or disagree with each of the following statements.*

22. The MHS Court has increased my awareness of the unique needs of MHS clients.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

23. I am more aware of how the MHS can assist in diverting MHS clients from the criminal justice system.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

24. The MHS Court has increased my awareness of existing services available for MHS clients.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

25. The MHS Court has resulted in greater collaboration between my organization and other services.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

☐ I Don't Know

26. Attending pre-court meetings is an effective use of my time.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

☐ I Don't Know

27. Attending pre-court meetings helps me understand how to better support MHS clients.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

☐ I Don't Know

28. Attending pre-court meeting has strengthened my organization's connections with other service providers.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

29. Attending MHS Court is an effective use of my time.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

30. The MHS Court engages a comprehensive network of service providers to support the needs of MHS clients.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

31. The MHS Court is effective in keeping MHS clients engaged in their individualized judicially supervised treatment plans.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

IMPACT OF THE SASKATOON MHS COURT ON CLIENTS

This section is designed to examine your perceptions of how the MHS has **affected its clients**. Please rate your answer on the scales provided for each of the following statements.

32. The MHS Court makes it easier for MHS clients to receive support from a variety of community service providers.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

33. Individualized judicially supervised treatment plans support the needs of MHS clients.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

34. The MHS Court empowers MHS clients by allowing them to speak openly in court.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

35. The MHS Court has increased MHS clients' awareness of the support services available to them.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

36. The MHS Court diverts MHS clients from other avenues of the criminal justice system into the MHS Court.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

37. Promises made to the MHS Court increase MHS clients' attendance at prescribed programs.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

36. Promises made to the MHS Court increase MHS clients' compliance with taking prescribed medications.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

37. Promises made to the MHS Court increase MHS clients' attendance at scheduled appointments.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

38. Compared to the traditional court system, the MHS Court is more effective in reducing recidivism among MHS clients.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

- ☐ I Don't Know

39. Compared to the traditional court system, the MHS Court is more effective in reducing the time MHS clients' spend in remand.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree Nor Disagree
- ☐ Agree
- ☐ Strongly Agree

40. How effective is the MHS Courts in connecting MHS clients to the following services?

	Not at all Effective	Slightly Effective	Moderately Effective	Very Effective	Extremely Effective
a) housing support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) income assistance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) social support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) children and family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) healthy relationship support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) cognitive impairment support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) FASD support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) community mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) psychiatric care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) emergency health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) non-emergent health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL FEEDBACK ABOUT THE SASKATOON MHS COURT

41. How has the MHS Court benefited MHS clients?

42. What obstacles do you face in supporting the needs of MHS clients through your involvement in the MHS Court?

43. What gaps exist in supporting the needs of MHS clients through the MHS Court?

44. What, if any, additional comments do you have about the MHS Court?

DEMOGRAPHIC INFORMATION

45. What is the primary type of service you provide within the MHS Court?

- ☐ Mental health and addiction services
- ☐ FASD and cognitive support services (e.g. FASD Network, brain injury programs)
- ☐ Crisis services
- ☐ Police services (e.g. Saskatoon Police Services, PACT)
- ☐ Legal services (e.g. Legal Aid, Crown)
- ☐ Judicial services (e.g. Judges)
- ☐ Probation and parole services
- ☐ Mediation services
- ☐ Non-government justice services (e.g. Elizabeth Fry Society, John Howard Society)
- ☐ Government social support services (e.g. Social Services)
- ☐ Non-government social support services (e.g. Friendship Inn)
- ☐ Housing support services (e.g. Housing First, The Saskatoon Housing Coalition)
- ☐ Other: _____

46. Since the MHS began in November 2013, approximately how many pre-court meetings have you attended? Number of meetings

47. Since the MHS began in November 2013, approximately how many court sessions have you attended? Number of sessions

THANK YOU FOR COMPLETING THE SURVEY!

Please return your survey in the enclosed envelope.

University of Saskatchewan
9 Campus Drive, Room 110A
Saskatoon SK S7N 5A5

APPENDIX C – INFORMATION LETTER

Saskatoon Mental Health Strategy Preliminary Outcomes Study

What is the purpose of this project?

The Saskatoon Mental Health Strategy (MHS) began in November 2013 with the creation of a Mental Health Strategy court (MHS Court) that is held every second Monday. The University of Saskatchewan Centre for Forensic Behavioural Science and Justice Studies (CFBSJS) has been asked to study the outcomes of the MHS Court to determine how well the Strategy is meeting its goals. To accomplish this, interviews will be conducted and an online survey will be administered to professionals to discuss MHS client outcomes and their involvement in the MHS.

Previously, the CFBSJS completed a process evaluation of the first year of the MHS's operation. Our previous evaluation can be found online (http://www.usask.ca/cfbsjs/research/publications_reports.php). This current project is "Phase 2" of our initial study, and our goal is to gather reliable data about the outcomes of MHS clients, which can in turn be used for the improvement and refinement of the MHS.

Who will be included in the process?

Anyone who is professionally involved in the MHS Court such as Judges, Lawyers, Probation Officers and Community Support Workers will be interviewed to assess outcomes of the MHS. We will also administer an online survey that will be sent out to representatives from all agencies involved in the MHS Court.

The researchers have obtained permission from the Saskatchewan Ministry of Justice, and the Ethics Review Board at the University of Saskatchewan to conduct this study. A consent form will be provided to everyone who agrees to be interviewed and who participates in the survey.

If you have any questions, please contact:

Krista Mathias, PhD
(306) 966-6275
krista.mathias@usask.ca

Courtney Florchinger
crf305@mail.usask.ca

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Glen Luther, QC
(306) 966-5887
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APPENDIX D – CONTACT SCRIPTS

Subject Heading: Saskatoon's Mental Health Strategy Court Survey Invitation



Dear NAME,

As you may be aware, the University of Saskatchewan Centre for Forensic Behavioural Science and Justice Studies is conducting an evaluation to examine how well the Saskatoon Mental Health Strategy (MHS) court is meeting its goals. As part of this evaluation, we are distributing a survey to examine the impact that the MHS Court has had on its clients and the professionals involved in the court. Only professionals who are directly or indirectly involved with the MHS Court and/or its clients will be invited to participate in the survey.

This email is to invite you to participate in the survey and to notify you that a copy of the survey will be personally delivered to you at (ADDRESS) on March __. If this address does not reflect your current location, then please reply to this email with your correct address.

If you have not received a copy of the survey by March __, you can contact me by email at courtney.florchinger@usask.ca or by phone at (403) 795-3699 and one will be delivered.

Kind regards,
Courtney Florchinger

Undergraduate Honours Student
Department of Psychology
University of Saskatchewan
Email: courtney.florchinger@usask.ca



UNIVERSITY OF SASKATCHEWAN

Centre for Forensic
Behavioural Science
and Justice Studies

USASK.CA/CFBSJS

Arts 110A, 9 Campus Drive
Saskatoon Saskatchewan S&N 5A5 Canada
Telephone: 306-966-2687
Facsimile: 306-966-6630
Email: forensic.centre@usask.ca

March __, 2016

Company Name
Company Address
City, Province, Postal Code

Dear NAME,

I am writing to invite you to participate in an evaluation being conducted by the University of Saskatchewan Centre for Forensic Behavioural Science and Justice Studies examining how well the Saskatoon Mental Health Strategy (MHS) court is meeting its intended goals.

The enclosed survey is one component of a larger evaluation currently being conducted on the MHS Court. This survey will focus on professionals' perceptions and will ask you about your general perceptions of mental health courts, the impact that the MHS Court has had on your professional development, the effectiveness of the MHS Court, and how clients have been affected by the MHS Court. The results from this survey will be used to develop recommendations to inform the ongoing evolution of the MHS Court. The survey will take approximately 15 minutes to complete and will be distributed only to those who are or have been involved with the MHS Court.

All of your responses will be kept confidential. You will notice a unique ID number in the top right hand corner of your survey. This unique identification number will only be used to track which participants have responded. No personally identifying information will ever be linked to your data. Once you have returned your completed survey, your name and ID number will be removed from our mailing list. This survey is completely voluntary and you are not required to answer questions that you are uncomfortable with.

For more information, please see the enclosed information sheet. If you have any questions about this study, please feel free to contact Courtney Florchinger by email at courtney.florchinger@usask.ca or by phone at (403) 795-3699. Thank you in advance for your time. Only with the assistance of professionals like you can we continue to improve the MHS Court.

Sincerely,

Steve Wormith
Director, Centre for Forensic Behavioural Science and Justice Studies
Professor, Department of Psychology
University of Saskatchewan

Subject Heading: Saskatoon's Mental Health Strategy Court Survey Follow-up



Dear NAME,

Several days ago you were delivered a survey regarding your perceptions of mental health courts in general and of the Mental Health Strategy (MHS) court currently operating in Saskatoon. The findings of the survey will be used to make recommendations that will better support the needs of MHS clients and to use the time and resources of services providers more effectively.

If you have already completed and returned the survey to us, please accept our sincere thanks. If not, you are invited to do so at your earliest convenience. We are especially grateful for your help because it is only by asking professionals like you to share your knowledge and experiences that we can continue to improve the MHS Court.

If you did not receive a survey, or if it was misplaced, please contact me by email at courtney.florchinger@usask.ca or by phone at (403) 795-3699 and I will deliver another one to you as soon as possible.

Kind regards,
Courtney Florchinger

Undergraduate Honours Student
Department of Psychology
University of Saskatchewan
Email: courtney.florchinger@usask.ca



UNIVERSITY OF SASKATCHEWAN

Centre for Forensic
Behavioural Science
and Justice Studies

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Arts 110A, 9 Campus Drive
Saskatoon Saskatchewan S&N 5A5 Canada
Telephone: 306-966-2687
Facsimile: 306-966-6630
Email: forensic.centre@usask.ca

March 10, 2016

Company Name
Company Address
City, Province, Postal Code

Dear NAME,

Several weeks ago we contacted you inviting you to participate in a survey about the Saskatoon Mental Health Strategy (MHS) court. The survey asks about your perceptions of mental health courts in general, the effectiveness of the MHS Court, and how the MHS Court has impacted yourself and its clients. A survey was delivered to you at (ADDRESS); however, to date, we have not received your completed survey.

We are writing you to emphasize the importance that your feedback has towards obtaining insightful information to help improve the MHS Court. We encourage you to complete the enclosed survey and return it in the stamped envelope provided.

It is only by hearing from representatives from all organizations involved in the MHS Court that we can better understand this unique court and the pressures facing professionals and its clients.

All of your responses will be kept confidential. You will notice a unique ID number in the top right hand corner of your survey. This unique identification number will only be used to track which participants have responded. No personally identifying information will ever be linked to your data. Once you have returned your completed survey, your name and ID number will be removed from our mailing list. In order to address concerns of possible identification, the demographic categories at the end of the survey have been broadened. In the event that categories have five or less individuals, data will be suppressed. This survey is completely voluntary and you are not required to answer questions that you are uncomfortable with.

For more information, please see the enclosed information sheet. If you have any questions about this study, please feel free to contact Courtney Florchinger by email at courtney.florchinger@usask.ca or by phone at (403) 795-3699. Thank you in advance for your time. It is with the assistance of professionals such as yourself that we can continue to strengthen supports for clients within the MHS Court.

Sincerely,

Steve Wormith
Director, Centre for Forensic Behavioural Science and Justice Studies
Professor, Department of Psychology
University of Saskatchewan

APPENDIX E – INTERVIEW QUESTIONS

Saskatoon Mental Health Strategy Interview Guide – Professionals

1. Do you think offenders with a mental health condition are being diverted from other avenues of the criminal justice system into the MHS appropriately?
 - How do you think the diversion of offenders with a mental health condition into the MHS could be improved?
2. How has your involvement in the MHS Court affected your professional practice?
3. How has your participation in the MHS Court affected the support you provide to the clients you serve?
4. How has your involvement in the MHS Court affected connections with other services that support MHS clients?
5. In what ways, if any, does the MHS allow you to meet the needs of individuals with mental health conditions that you would not be able to meet in the regular court system?
6. Are there any client needs that you are aware of that are not currently being met through the MHS Court?
 - How can these clients' needs be addressed?
 - What services are required to meet these needs?
7. What gaps exist in supporting the needs of MHS clients through the MHS Court?
8. How do promises made to the court affect client outcomes?
 - How do promises affect compliance with treatment (taking medication, attending appointments/programming)?
9. What sort of obstacles do clients face in keeping promises made to the court?
10. How does the MHS Court monitor client promises to the court?
 - What is your role in this process?
11. How do treatment plans made to the court affect client outcomes?
 - How do treatment plans meet the needs of MHS clients?
12. How does the MHS monitor client treatment plans to the court?
 - What is your role in this process?
13. What would you consider to be a 'positive' outcome for clients who participate in the MHS Court?

- What are some of the reasons associated with a clients' success in reaching a positive outcome?
 - What are some of the reasons that can impede a clients' success in reaching a positive outcome?
 - Do you think the MHS makes positive outcomes for individuals with mental health conditions involved in the criminal justice system more likely?
14. How has the MHS Court improved client access to services?
15. Are there any additional services that the MHS could reach out to help connect clients to the services that they require?
16. What barriers do you find in connecting clients to services within the community?
17. Has your opinion about the MHS Court changed as a result of your observation of and participation in the MHS process? If so, in what way?
18. How has the MHS Court affected MHS clients?
19. What obstacles do you face in supporting the needs of MHS clients through your involvement in the MHS Court?
20. What other comments do you have about the impact of the MHS Court that we have not yet discussed?