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Recidivism Amongst Mentally Ill Participants In Mental Health Drug Court

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### Abstract

The purpose of this research is to identify the factors that are related to recidivism among individuals who participated in mental health drug court. All 62 subjects with usable record files at Kootenai County mental health drug court were studied. Results indicated that of the demographic variables studied only a diagnosis of personality disorder was significantly related to recidivism.

### Recidivism Amongst Mentally Ill Participants In Mental Health Drug Court

Individuals with mental illnesses find themselves in the court system, some of whom return multiple times. In order to reduce recidivism, programs such as mental health drug court are implemented. The individuals in these programs, or in our prisons, are those who have a mental illness as well as a substance abuse issues. These programs s give mentally ill individuals a chance to be closely monitored by a judge, social workers, probation officers, psychiatrist and mental health drug court coordinators. When deinstitutionalization occurred, there was no set protocol for properly reintroducing mentally ill individuals back into society. When these individuals were released into society they were left with little to no services. This created a larger number of homelessness and incarcerated. For example, many individuals with mental illnesses were found in prisons instead of in appropriate programs or services (Blackburn, 2004). The individuals commonly suffered from dual diagnoses, such as bi-polar disorder coupled with an alcohol addiction, which, at times, resulted in felony DUI charge(s). Other dual diagnoses included, but were not limited to, those with schizophrenia coupled with an addiction to methamphetamines.

Individuals with a mental illness commonly attempt to self medicate by using alcohol and drugs. When this happens, many find themselves in court or jail as a result of their reoccurring offenses. Individuals with mental illnesses may require incarceration in these circumstances; however, if their behavior is nonviolent, they may benefit from a community diversion program. Such programs may help prevent our prisons from becoming overpopulated and filled with individuals with mental illnesses.

At the end of the year 2000, about 2 million incarcerated individuals suffered from a substance abuse issue and/or mental illness in the USA (Hiller et al., 2005). Mental health drug

courts are one type of program that should be implemented throughout our communities in order to avoid incarcerating individuals with mental illnesses and, consequently, over populating the prison system. Diversion programs help mentally ill offenders from returning to crime by providing proper treatment for these individuals.

It is important to advocate for community diversion programs while providing services that manage symptoms. The potential utility of these programs such as mental health drug court is to provide these individuals with an alternative that will keep them out of prisons and living a functioning life. The goal of these programs is to keep recidivism rates to a minimum. In cases where success is not demonstrated, then, it is useful to look at the barriers and factors related to the ineffectiveness. Removing barriers will assist individuals with mental illness by helping to keep them from going back to court and prison.

Mental health drug court is an alternative to incarceration for those with a mental illness and substance abuse issue. The benefits in this program include lowering of felony charges and an intensely close monitoring system for those in the program. These individuals are also given the opportunity to be removed from the criminal courtroom and placed in a courtroom environment where they go before the judge on a weekly basis, as well as, receiving counseling and other treatment services throughout the program. The view of this program is that crimes committed by a mentally ill person are not a criminal justice issue, but more of a public health issue (Kootenai County Mental Health Drug Court, 2006). The effectiveness of this program can be measured in many ways. For example, if there is no recidivism for these participants within one year, it would appear that the program is successful. If there are high levels of recidivism for these individuals, then this shows the importance of re-evaluating or analyzing the factors in the program and participants that are related to the recidivism. The mental health drug court

program in Kootenai has been operating for almost three years. In that three years there have been about seventy participants. Each group or class is involved in the program for approximately a year depending on his or her progress and behavior in the program. The number of participants and the length of time allows for research and analysis into the effectiveness of the Kootenai County program. Social workers provide direct services in substance abuse, mental health and the criminal justice programs. These are all part of the diversion programs. Social workers also serve as monitors, clinical therapists and in administrative roles while working with the individuals in these programs.

### Literature Review

Mentally ill persons face many obstacles to functioning in the community and there seems to be few resources to help them overcome those obstacles. Efforts have been made on the national, state, and local levels such as incarceration, community based programs, psychiatric hospitals, shelters, therapy and other programs. Some of these have been successful while others have not. Blackburn (2004) reported that some institution-based programs and structured diversion programs worked well for individuals with mental illnesses and a history of criminal behavior while other unsuccessful ones were plagued with poor attendance and unsatisfactory implementation of these programs.

Deinstitutionalization resulted in thousands of patients formerly residing in psychiatric hospitals to be discharged into society. Although this was a relief for many, those individuals did not have the money, skills, mental capacity or ability to properly function in society. This led to an increase in homelessness for those released without the proper community support and resources (Linhorst & Tyuse, 2005).

Mentally disordered offenders have difficulty coping with their situations because it is

hard for them to function either inside or outside of the court and prison systems. Some prisons focus on the clinical characteristics such as diversion programs inside the prison system. Special treatment such as therapy, skill building, service provision, rehabilitation and follow up is used inside this system and although it may help the mentally disordered offender at that time, it has not proved to enhance their ability to function in society (Blackburn, 2004).

Steadman, Morris and Dennis (1995) found that a more structured diversion program in the jail may help to target points of need. This research had different levels ranging from the services needed and implemented from pre-booking to post-booking and pre-arraignment. The point of these programs was to divert mentally ill offenders from being incarcerated. If this was successful then the second portion of the program was to ensure that the mentally ill offenders had support and services once released. While this was successful for a small number of offenders, many were not able to receive the service.

Researchers have found that by the end of 2000, American prisons found themselves extremely overpopulated. Over two million people were incarcerated and it was reported that most of them either had a mental illness, substance abuse problem, or both. The researchers focused on the concern that the mentally disordered offenders were not receiving the proper treatment in jail or prison. The researchers found that individuals with both mental illnesses and substance abuse problems had much higher lifetime rates of poor health. This research also showed that the diversion programs implemented because of the overpopulated prisons filled with the mentally ill are struggling to succeed (Hiller et al., 2005).

Weitzel and colleagues (2007) showed some factors related to drug courts in the past being successful. For example, women have a higher level of mental issues and are more likely to complete the drug court program. Communities now know that they need to provide women

with more follow up and monitoring attention due to their larger prevalence of mental illness. The research has also shown that men are more likely to drop out of diversion programs which should call for programs to address this issue.

As a nation, we have found ourselves with overpopulated prisons, to which mentally ill prisoners greatly contribute. Our drug courts have been a way to reverse that issue and free up some space by taking out nonviolent mentally ill persons. Our drug courts have been a success in many ways such as reducing recidivism and giving alternatives to incarceration. Research has also found that the probability of re-arrest is most likely to occur for thirty-year-old white males (Sophn, et al., 2001). This is useful information because future research can study these factors that contribute to recidivism and focus on them in order to prevent re-arrest.

Prior to deinstitutionalization, the mentally ill were housed in state hospitals for extensive amounts of time. Some mentally ill persons would reside in state psychiatric hospitals for their entire lives. When deinstitutionalization came about, our police force and communities were not prepared for the psychiatric behavior of the mentally ill. The opposite of this is true as well as, the mentally ill were not used to laws, communities, and large amounts of people. This posed a problem because the mentally ill were unfortunately being treated unfairly. The result of these situations with the mentally ill was incarceration. This is an example of how criminalization of the mentally ill came about (Lamb, Reston-Parham & Weinberger, 2006).

Advocates and researchers have brainstormed and implemented certain solutions to the issue of criminalization for mentally ill persons. One solution includes health consultants in the courts. This entails a thorough mental health evaluation for the mentally ill or potential mentally ill. The results of this evaluation would provide appropriate and suitable psychiatric treatment while incarcerated. If the evaluation and judge both determine that a person is mentally ill, and

he wishes to alter or demand mandatory mental health treatment instead of extra jail punishment, then this must be a mandate that the person(s) must follow (Lamb, Reston-Parham & Weinberger, 1996).

While there appears to be some success in reducing the number of incarcerated mentally ill individuals who have engaged in criminal behavior, the numbers who are incarcerated remain high. These individuals that are both mentally ill and substance abuse users show the most serious health issues (Hiller et al., 2005).

Our court systems and communities have tried other programs such as drug courts and they have worked. Although drug courts and D.U.I. courts do not help everyone from re-offending, they have helped a large majority and have shown a comfortable success rate. Rehabilitation and criminal justice control is what has “worked” to reduce recidivism in these certain drug courts. Urine testing, AA groups, mandatory court appearance and supervised probation are just a few stipulations that members of drug court and D.U.I. court are expected to follow (Banks et al., 2003).

Other research has shown that drug courts are successful, but that depends on the factors of those individuals. When comparing urban and rural participants, research has shown that white, rural participants are more likely to graduate than urban, non-white participants. What researchers know is that some rewarding changes come from mandatory substance abuse treatment in mental health drug court. Those changes are a higher likelihood of a drug free life, decreased to diminished criminal activity, greater mental health functioning, and increased finances due to employment (Banks et al., 2003).

Other studies have revealed that drug courts work to produce positive results. There is less recidivism because of these programs; however these findings are not the same throughout

each program. One mental health drug court program may experience less recidivism than another in a different city or state. Many findings have proven that gender, employment, age and criminal history are factors that influence the outcomes (Spohn, et al., 2001). Knowing current information gives researchers the ability find more factors that contribute to recidivism or how those factors relate to one another. Knowing more about the factors can tell us why certain participants fail or find themselves back in system versus those who do not (Gray & Saum, 2005). When dividing groups of completers vs. non-completers by gender, Gray and Saum also found that, of the individuals who completed the program, 35.1% of them were men and 64.9% were women. Out of the non-completers, 76.2% were males and 23.8% were females (2005). The information that we know already tells us that there are factors that affect the outcome in participation from the participants.

Mental health drug court in Kootenai County, Idaho is designed for individuals who have been charged with lower level felonies and/or misdemeanors. This program removes individuals from the overcrowded criminal court room and sets them in a more suitable environment. A team, which includes the judge, social workers, psychiatrist, probation officers, psych nurses, and the mental health drug court coordinator monitors these individuals. The mental health drug court's mission is to address the public health problem caused by criminal behaviors of mentally ill individuals (Kootenai County Mental Health Drug Court, 2006).

Kootenai County mental health drug court describes, "The mental health drug court program in Kootenai County as a voluntary post-conviction program for controlled substance offenders who are mentally ill and have not been successful in their compliance with treatment" (2006, p.4) Each participant is expected to comply with the stipulations of each stage. When they have demonstrated outstanding behavior, routine, and stability they may graduate to

the next phase by vote of the mental health drug court team. If a participant is unable to comply with the rules and stipulations they will be given sanctions as needed, such as increased AA/NA meetings, writing assignments, returning to previous stage, jail time, loss of points, community service hours, sheriff labor program, electronic monitoring, increased drug testing and even termination from the program (2006).

## Method

### *Purpose*

The purpose of this research is to identify the factors that are related to recidivism among individuals who participated in mental health drug court. Research has shown that diversion programs such as drug courts are effective. It is now important to know what factors are related to the effectiveness. For the purpose of this research, demographic information was taken from mental health drug court participant records and those variables were analyzed to find a relationship to recidivism.

### *Study Design*

This research consisted of a quantitative approach. This research is descriptive because this study is taking the information of records and describing what has happened in Kootenai county mental health drug court. This study explores the demographic characteristics of the participants in mental health drug court and the relationship to recidivism. Those variables include gender, age, and education to criminal offense, mental health diagnosis and medication management. Research shows that certain variables mentioned above have an impact on the outcome of certain programs. For example we know that women are more likely to complete drug courts rather than men (Gray & Saum, 2005). The type of study that will be used will be a record review. Records were examined from all 62 mental health drug court participants over

the past two and half years.

### *Sample*

The sample included everyone in the mental health drug court program in Kootenai County, ID, for the past two and half years when the program was first created.

The demographics of the 62 cases were age, gender, diagnoses, primary charge, primary drug of choice, education, number of rewards, number of sanctions, and status. These are some of the factors that make up the demographics in mental health drug court participants. Table 1: shows the diagnoses of the participants.

TABLE 1: DIAGNOSES	# People
Depressive Disorder (Major Depression)	14
Mood Disorder (Bi-Polar Disorder)	20
Thought Disorder (Schizophrenia)	12
Personality Disorder (Anti-Social/Borderline)	1
Thought/Personality Disorder	1
Mood/ Thought Disorder	5
Mood/Personality Disorder	6
Depression/Personality Disorder	1
Traumatic Brain Injury (TBI)	2
Thought/Mood/Personality Disorder	1

Table 2: shows the drug of choice reported by the participants upon intake.

Table 2: DRUG OF CHOICE	# People
Methamphetamine	45
Alcohol	8
Marijuana	5
Pain Pills	2
Heroin	2

### *Investigative Techniques*

This study used a record review to collect from program files. The variables collected were: age, gender, drug of choice, mental health diagnoses, number of arrests, and employment, as well as their program status. The record review took place at the mental health drug court coordinators personal office. Permission from the mental health drug court coordinator to review the records was given and the records were reviewed. In addition, Lewis-Clark State College IRB approved this project.

### *Data Analysis Plan*

Descriptive statistics were run on all variables. A chi square was used to test for relationships between the demographic variables and recidivism and program status. *Limitations*

This research studied what the services mental health drug court provides. The research is limited because there is some information that is not in the records. For example, there was no way to know if the participant has been using drugs, committing crimes and avoiding re-arrest. An opportunity to follow up with participants over a longer period of time through interviews and the collection of data regarding their behaviors outside drug court would strengthen the findings.

## Results

### *Sample*

The outcome of this research showed minimal significant relationships between demographics and successful completion of mental health drug court. These records were collected from the Kootenai County Mental Health Drug Court Coordinator from the Kootenai County database. Information that was not available in the records that would have been helpful was the number of re-arrests since or during the mental health drug court program. Another missing demographic was the information for active participants for primary charge; however primary charge was available for terminated, absconded, or graduated participants. Because information was missing, it was difficult to determine the factors that relate to recidivism.

Of the sixty two records, the age of these participants had a mean of 34 years ranging from 20 to 57 with a standard deviation of 10.25. Out of the 62 participants, 37 were female and 25 were male. Twenty were diagnosed with a mood disorder, 14 with a depressive disorder and 12 with a thought disorder. The rest were diagnosed with either personality disorder, a mix of mood/personality disorders and thought disorders or a traumatic brain injury. When drug of choice was reviewed, it was found that 72.6% of the participants preferred methamphetamine as their drug of choice, 12.9% preferred alcohol, 8.1% preferred marijuana and 3.2 preferred either pain pills or heroin. Of the 62 records that were reviewed for primary charge, 58.1% were unavailable, 17.7% were convicted with possession of a controlled substance, 4.8% were convicted of burglary, 3.2% were convicted of driving under the influence and the remaining 6 individuals were convicted with one of the following, delivery of controlled substance, possession of forged check, forgery, felony probation violation, misdemeanor probation violation, grand theft, trespassing or theft by receiving stolen property at 1.6%. The records

indicated that 19 participants had completed their GED, 2 had two years of college and 12 had some college. The remaining twenty nine individuals had completed one of the following grades, 12<sup>th</sup>, 11<sup>th</sup>, 10<sup>th</sup>, 8<sup>th</sup> or unknown.

The number of sanctions for the 62 participants had a mean of 5.4 with a standard deviation of 4.4 and a range of 0 to 15. The mean number of rewards given to the participants was 2.7 with a standard deviation of 2.7 and a range from 0 to 11. The records showed that when status of participants were reviewed, 1 individual had a status of absconded, 24 were enrolled, 20 were graduated, 3 were retained, 11 were terminated, 2 had voluntarily withdrawn and 1 was placed in a state psychiatric hospital.

Table 3: Test for Relationship

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Diagnosis and Drug of Choice	.082
Gender and Drug of Choice	.326
Gender and Primary Charge	.679
Diagnosis and Status	.021 **
Education Level and Status	.501
Gender and Status	.493

\*\* Statistically significant

## Discussion and Implications

### *Discussion*

There appears to be agreement between the literature review and the results of this study. After analyzing the demographics of mental health drug participants it was found that mental health drug court is more successful for certain individuals. The results showed a significant relationship between diagnoses and status. Individuals with personality disorders often find their status in the program as terminated, absconded or back in the state hospitals. It is very common that individuals with personality disorders are unable to gain or maintain interpersonal relationships and process or handle emotion. Individuals with personality disorders also have poor impulse control and are unable to work through or handle rejection. The nature of this disease makes it difficult for individuals with personality disorder to complete and comply with mental health drug court policy and treatment.

Other demographics showed no significant relationship, however there was a trend ( $p > .05 < .10$ ) among sanctions and awards when tested with status. The number of sanctions that a participant gained was related to the status of that participant. The more sanctions a participant was given the more likely they were to terminate. The more awards given a participant, the more likely they were to graduate or still be enrolled. It is important to note that for some individuals the given sanction may not be appropriate for that individual. If a participant relapses and the court gives a sanction of three weeks in jail, that participant may experience some abandonment issues, discouragement and impulsivity. When this participant is released from jail and back into the program they may carry some of these feelings into treatment. Some individuals with personality disorder have a need for constant attention and acceptance. They may achieve this by manipulation, lying and acting out in impulsive behavior. When these participants are locked

behind bars for weeks at a time, they are left with a need to act out when they are released.

Sanctions such as jail time may not be a successful alternative for them. One alternative that may work better for participants with personality disorder could be community services or increased treatment services. For example, increased PSR hours, therapy and group participation may be a sanction more appropriate for these specific individuals.

Research findings also showed that there was a trend between drug of choice and diagnosis. There was no relationship when comparing gender or education level to other factors or to status.

This researcher has observed how intense and rewarding this program is. Participants take this program very seriously because they understand that it is a benefit. Individuals in this program are keeping our prisons and jails less populated, making room for the violent and criminal offenders. These participants are also learning about their disease, changing their lives, and demonstrating the ability to live a normal, functional life in today's society.

### *Implications*

The implications for policy would be to alter the mental health drug court program in order to individualize and personalize the treatment and requirements for the participants. This research has shown that the program works better for some rather than others. The alterations of this program would help to enhance more individuality and help to monitor appropriate expectations for each participant. Each participant would be given a personal profile. These profiles would determine which sanctions are appropriate for them and which ones were most effective for their disease and outcome. There should be more awards for good behavior. It would seem appropriate to order sanctions and rewards in the same proportion to appropriate and inappropriate behaviors. It is important that the court demonstrate balance for the clients. This

would show professional behavior, critical thinking skills and could help the client adapt to the program more easily.

Another change in policy would include adding re-offenses to their records for the future. Also, changes to the mental health drug court program would affect the agencies affiliated with mental health drug court. Therapy, PSR, group, med management, case management and advocacy would be affected. Social workers would participate and work with each client's personal profile need in order to meet mental health drug court requirements. Social workers would be hired to create a personal program profile for the mental health drug court program.

Implications for future research include a study of the changes brought about by the implications above. Does the mental health drug court program work better for participants with an individualized program? Also, more extensive research by confidential survey may find what participants are relapsing into drugs or criminal behavior that is not being recorded because they have not been caught by law enforcement. Future research may also include an evaluation tested to determine which services are most effective for mental health drug court client and which ones prevent or deter their success in developing a normal functioning life.

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