

Mental Health Court and Specialty Courts

Hearing Master Bitá Yeager

What is Mental Illness?

- Medical Condition - Disease
 - Disturbances in emotion, thinking or behavior (or a combination).
 - Inability to function in social, work or family activities.

What Causes Mental Illness?

Research shows it is a combination of factors:

- Biological
- Environmental
- Psychological

Environmental Factors

Certain stressors can trigger an illness in a person who is susceptible to mental illness, including:

- Living in poverty
- Death/Divorce
- Dysfunctional family life
- Feelings of inadequacy, low self esteem, anxiety, anger, loneliness
- Substance abuse by the person or the person's parents
- Changing jobs or schools
- Social or cultural expectations

Psychological Factors

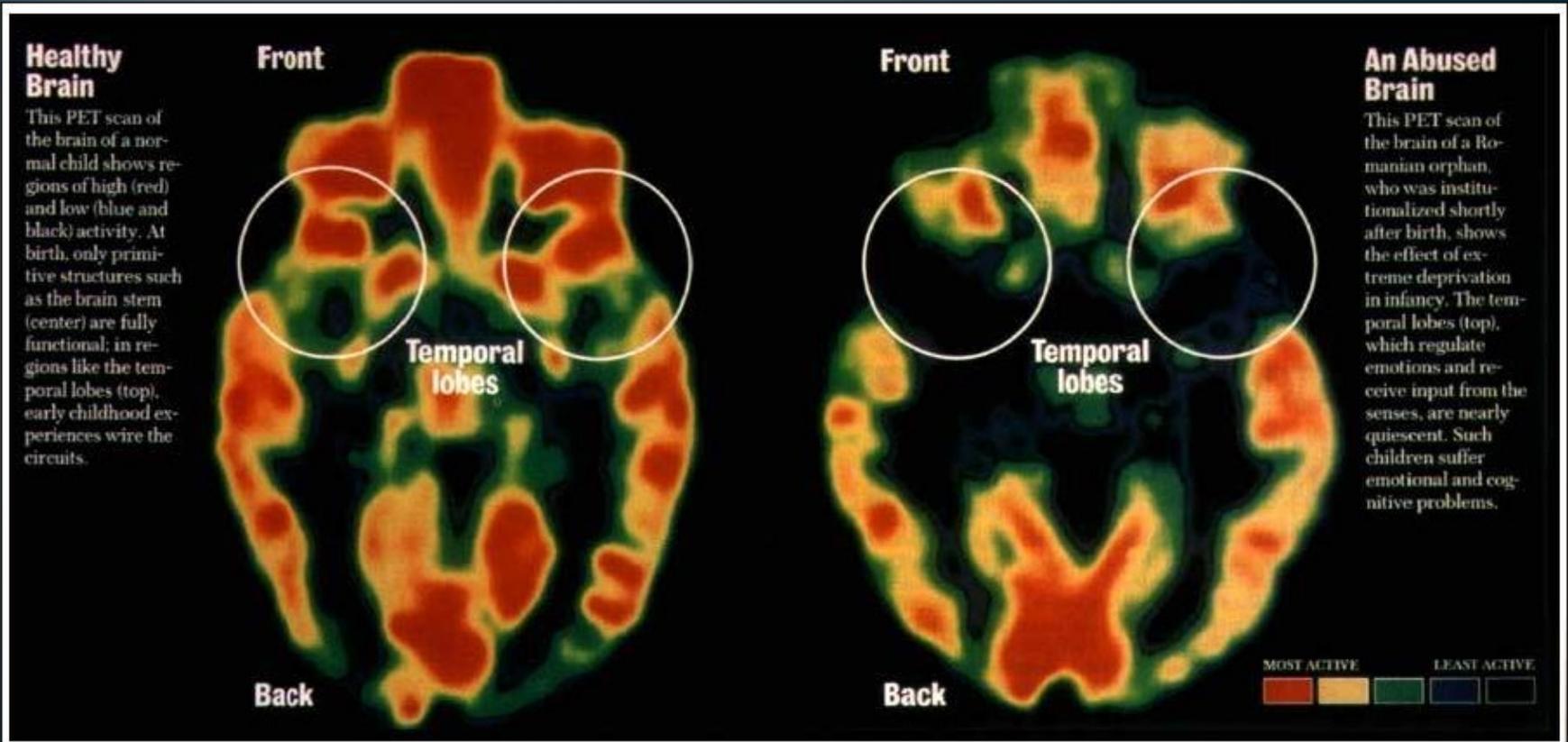
- Severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse
- An important early loss, such as the loss of a parent
- Neglect
- Poor ability to relate to others

Trauma and Gender

Among those who are exposed to trauma, females are more likely than males to develop mental health problems

- Substance use/abuse
- Involvement in violent activity
- Relational impairments
- Developmental lags
- Subsequent victimization
- Aggressive behavior
- Poor academic performance
- Numbness; desensitization to threat
- Reckless and re-enacting behavior
- Delinquency and adult offending

Trauma and the brain



Substance Use Disorder

“Self Medication”

- Conditions worsen as they grow up
 - Numb pain or blunt anxiety with drugs/alcohol
- Drugs and alcohol
 - Interacts with brain chemistry to enhance pleasure and reduce stress and anxiety.
 - May seem to help them “balance” difficult symptoms
 - Pay for addiction – prostitution, property crimes, escalating crimes

- Alcohol
 - Lowers anxiety, increases happiness, decreases inhibition
 - Slows central nervous system, helping relaxation/calmness
- Stimulants (cocaine, methamphetamine)
 - Spikes dopamine, greatly enhancing pleasure
 - Increases energy, focus, attention, helps stay awake
- Marijuana
 - Depressant and hallucinogenic effects
 - Enhances relaxation, helps sleep
- Depressant drugs
 - Prescribed for mental illness, but can be abused
 - Reduces anxiety and depressed moods helping stabilize brain chemistry/sleep
- Opioids (heroin, prescription painkillers)
 - Slows central nervous system, increasing relaxation/sedation
 - Elevates happiness and mellow feelings

Risk and Protective Factors in Drug Abuse Prevention

Protective factors:

- strong and positive family bonds;
- parental monitoring of children's activities and peers;
- clear rules of conduct that are consistently enforced within the family;
- involvement of parents in the lives of their children;
- success in school performance; strong bonds with institutions, such as school and religious organizations; and
- adoption of conventional norms about drug use.



Risk factors:

- chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses;
- ineffective parenting, especially with children with difficult temperaments or conduct disorders;
- lack of parent-child attachments and nurturing;
- inappropriately shy or aggressive behavior in the classroom;
- failure in school performance;
- poor social coping skills;
- affiliations with peers displaying deviant behaviors; and
- perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments.



General Public vs. Prison or Jail

	General Public	State Prisons	Jails	Probation and Parole
Serious Mental Disorders	5.4% ⁴	16% ⁵	17% ⁶	7–9% ⁷
Substance Use Disorders (Alcohol and Drugs) — Abuse and/or Dependence	16% ⁸	53% ⁹	68% ¹⁰	35–40% ¹¹
A Co-occurring Substance Use Disorder When Serious Mental Disorder Is Diagnosed ¹²	25% ¹³	59% ¹⁴	72% ¹⁵	49% ¹⁶
A Co-occurring Serious Mental Disorder When Substance Use disorder Is Diagnosed ¹⁷	14.4% ¹⁸	59.7% ¹⁹	33.3% ²⁰	21% ²¹

In any given year in the US:

Nearly one in five (19%) – some form of mental illness

One in 24 (4.1%) – serious mental illness

20% in jails

15% in prisons

3X more SMI in jails/prisons than in hospitals

One in 12 (8.5%) – diagnosable substance abuse disorder

Nearly 60% of people in state prison

2/3 of people in local jails

Purpose of Specialty Courts

- Increases public safety
- Reduces criminal recidivism
- Improves quality of participants' lives
- Restores positive community involvement
- Saves money
 - Less expensive than detention
 - Reduces criminal justice costs
 - Increases productivity of participants

Costs & Savings

- \$155 per day to house one inmate at CCDC vs. \$51.67 per day to house one Mental Health Court participant (average \$1550 per month)
- Specialty Courts average approximately 10-15% reduction in recidivism
- Specialty Court participants are 20% more likely to decrease their alcohol and drug use than non-participants
- Without judicial oversight, 70% of offenders with substance use disorders drop out of treatment
- Specialty Courts work better than jail/prison AND better than probation and treatment alone

Drug Court

- 1992 (5th in the nation)
- Targets non-violent offenders with addiction to drugs and/or alcohol
- Team approach – Judge, Court Coordinator, Treatment Agencies, Prosecutor, Defense Attorney, Parole and Probation
- Can enter as a diversion (non-adjudication) or as a condition of probation on a felony case

Drug Court

- Referrals to treatment
- Frequent drug testing
- Regular appearances in court
- Educational and vocational assessment and assistance
- Minimum of 1 year

What is Serious Mental Illness?

Diagnoses which typically involve

- Psychosis
 - lose touch with reality
 - Experience delusions
- High levels of care
- Require hospital treatment
- Treat with medication

Severe Serious Mental Illness

- Defined through
 - Diagnosis
 - Disability
 - Duration
- Disorders with psychotic symptoms
 - Schizophrenia
 - Schizoaffective
 - Bipolar
- Severe forms of other disorders
 - Major Depressive Disorder
 - PTSD

Eligibility Criteria for Mental Health Court

- Identified Serious Mental Illness (SMI)
 - Most common diagnoses occurring in MHC are Schizophrenia, Schizoaffective Disorder and Bipolar Disorder with psychotic features
- History of psychiatric hospitalizations
- Alcohol and/or Substance Use Disorder can be present, as long as mental health symptoms stem primarily from SMI
- Applicant must be involved in the criminal justice system
 - Some charges may interfere with MHC's ability to provide services to an applicant
- All applicants are considered on an individual basis. The evaluation and assessment process takes into consideration the totality of the applicant's psychiatric and social histories, criminal history, and offense details.

MHC Program Requirements

- Length of the program is dependent on the criminal charge
 - Felonies and Gross Misdemeanors- average 2/3 of probation term
 - Misdemeanors- average 15 months
- Participants are prohibited from using drugs or alcohol, or gambling while they are in the program
- Participants come to court on a more frequent basis for status checks
- Participants must attend all assigned therapy and treatment sessions
- Participants are expected to maintain constant levels of communication with treatment team members

Benefits of Mental Health Court

- Coordinated multi-disciplinary team approach to help participants fulfill legal requirements, while also receiving mental health treatment
 - Partnerships between EJDC, CCDC/NaphCare, P&P, UNLV Medicine Mojave Counseling and SNAMHS, community treatment providers
- Each participant is assigned a case manager (SNAMHS or Mojave)
 - Coordinate referrals to treatment providers
 - Establish and maintain financial benefits
 - Continual monitoring for treatment appropriateness and compliance
- Continuous monitoring of treatment progress
 - Dynamic assessment of ongoing needs
- Services -- mental health and co-occurring counseling, intensive outpatient treatment, residential drug and alcohol treatment, drug testing, medication management, medically-assisted treatment and housing depending on the client's needs.

What does the participant learn while they are in MHC?

- Learn about their mental health disease and diagnosis
 - Identify disease and symptoms
- Learn about the medication that treats their disease
 - Name of each medication and what symptoms it treats
 - How often and when they need to take their medication
 - Potential side effects of each medication
- Learn what to do when their symptoms get worse
 - Coping skills
 - Safety plan
- Learn about their substance use disease

What does the participant learn while they are in MHC?

- Life skills
 - Cooking
 - Self Care and grooming
 - Budgeting
- Education
- Employment training

Current Challenges

- Due to financial and housing shortages, Mental Health Court currently has 28 people on the wait list
 - Approximately a 4-month wait time to be accepted into the program
- Long wait times for residential treatment
- Housing (location and availability for women)
- Ever-growing caseloads
 - Best practices would be for probation officers to have 30 clients and court coordinators to have 50 clients
 - Currently, probation officers have 45 clients and court coordinators have 75 clients on their caseloads