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A Phenomenological Exploration of the Experience of Participants in the Washington County Mental Health Court

Amy M. Schlapper O'Brien

Pacific University

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A Phenomenological Exploration of the Experience of Participants in the Washington County Mental Health Court

Abstract
This phenomenological study examines the subjective experiences of Washington County Mental Health Court participants. Using an open-ended interview format and a non-hypothesis driven method, 12 participants were interviewed about their experience. The interviews were transcribed and analyzed using a phenomenological qualitative method. The responses fell into two categories relating to the design of the mental health court and participants’ individual responses to court participation. Their experience regarding the design of the mental health court revealed positive aspects such as personalized case management, access to resources, structure, increased support and contact, and accountability, as well as some negative aspects, including a perceived loss of privacy, the irony of some sanctions, and occasional questions about the treatment team’s knowledge about some mental health disorders. Participants also expressed positive and negative aspects of their own responses to the court. The positive aspects included psychological, behavioral, and relational aspects. The negative aspects included moments of increased stress, anxiety, frustration, stigma/shame, and an awareness of the experimental nature of the relatively new mental health court. The results supported previous research related to the effectiveness of mental health courts and added a qualitative richness to the current body of literature. Directions for future research include an in-depth analysis of the key mechanisms of change in order to improve the efficacy and effectiveness in current and future mental health courts.

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A PHENOMENOLOGICAL EXPLORATION OF THE EXPERIENCE
OF PARTICIPANTS IN THE WASHINGTON COUNTY
MENTAL HEALTH COURT

A DISSERTATION
SUBMITTED TO THE FACULTY
OF
SCHOOL OF PROFESSIONAL PSYCHOLOGY
PACIFIC UNIVERSITY
HILLSBORO, OREGON

BY
AMY M. SCHLAPPER O’BRIEN

IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY

APRIL 15, 2011

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Introduction

It is estimated that mentally ill offenders account for approximately 6-15% of inmates in U.S. jail and prison systems (Council of State and Local Governments, 2008). According to researchers, incarcerated people with mental health disorders tend to serve longer sentences than do people without mental health disorders who have similar charges, and they tend to rapidly cycle through the criminal justice system, meaning that they are frequent recidivists (McNiel & Binder, 2007).

To address specific concerns of defendants with mental health issues, the first mental health court was established in Marion County, Indiana, in 1980. Many more mental health courts were created in the late 1990s as an attempt to reduce recidivism by mentally ill offenders, in the hope that this change would in turn reduce court loads and local jail and prison overcrowding while still insuring public safety (Goldkamp & Irons-Guynn, 2000; Petrila, Poythress, McGaha, & Boothroyd, 2001). In November 2000, President Clinton signed U.S. Senate Bill S.1865, which authorized the creation of up to 100 mental health courts and dedicated $10 million per year in federal funding for a period of 4 years for their creation and maintenance (Steadman, Davidson, & Brown, 2001). Council of State and Local Governments (2008) has estimated that there are now more than 100 such courts, 37 of which are funded through federal grants.

The purpose of the current study was to examine the experiences of participants in one mental health court in Washington County, Oregon. The goal was to come away with a richer understanding of the participants’ experiences so as to be able to provide feedback to the staff members of the mental health court team regarding common themes
that participants voiced regarding the process. In the following sections, I review literature regarding mental health courts, describe the Washington County Mental Health Court, present the study methodology and procedures, describe the results, and discuss the implications.
Literature Review

The purpose of this section is to explain the characteristics of mental health courts, explore some concerns regarding the implementation and evaluation of mental health courts, examine the effectiveness of mental health courts in reducing recidivism and increasing mental health care utilization, and finally to explore proposed mechanisms of change.

According to the Council of State and Local Governments (2008), a mental health court typically includes a special docket that provides the following services for defendants with mental illness: an option to participate in court-supervised treatment; a team composed of a judge, court personnel, and treatment providers who together define the terms of participation; continuous assessments with sanctions and incentives; and resolution of the legal case after successful completion of mandated treatment.

Redlich (2005) also described five common characteristics of mental health courts: (a) they are criminal courts with separate dockets that only include persons with mental illness; (b) they were developed in order to divert these defendants from jail to community treatment, (c) the defendants receive mandated and monitored community mental health treatment; (d) the courts work under the model of therapeutic jurisprudence meaning that they offer praise and incentives for compliance and sanctions for noncompliance; and (e) participation in the court is voluntary.

Some differences between a mental health court and a traditional court were outlined by McGaha, Boothroyd, Poythress, Petrila, and Ort (2002) when they detailed lessons they had learned when evaluating the Broward County Mental Health Court.
They explain that in comparison to traditional court, in a mental health court there is more cooperation and less ‘lawyering,’ witnesses are rarely called, the defendants’ are not asked questions about their criminal case, and the court discussion usually focused on the defendants’ mental health and included comments from the participants’ significant others and/or caseworkers.

Some differences exist across mental health courts. For example, some courts follow a post-adjudication model (i.e., they require a guilty plea prior to participation), whereas others follow a pre-adjudication model (i.e., the defendant’s charges are typically dismissed upon successful completion of the treatment plan developed by the treatment team; Boothroyd, Poythress, McGaha & Petrila, 2003; Griffin, Steadman & Petrila, 2002). Inclusion criteria also differ; most courts are open only to misdemeanants, although a few allow defendants with felony charges. Most, but not all, mental health courts only allow defendants who are charged with nonviolent crimes (Fisler, 2005; Herinckx, Swart, Ama, Dolezal, & King, 2005).

**Concerns Related to Mental Health Court Implementation and Evaluation**

Some authors have voiced concerns related to the competence of participants who qualify for mental health courts. Stafford and Wygant (2005) identified four issues of concern: voluntariness of participation; potential coercion involved in mandatory treatment and medication, as well as potential coercion to remain in the program; trial competency of the defendant; and the defendant’s capacity to consent to treatment. These authors were particularly concerned that this population may not be able to make voluntary, informed decisions about participation in mental health court. In order for the
defendant’s choice to be legally considered an informed decision, the defendant must be able to carry out six tasks:

1. Weigh the likely sentence and probationary period associated with conviction.
2. Understand the coercion associated with mandated treatment.
3. Understand that there may be pretrial sanctions for noncompliance (if the court follows a pre-adjudication model).
4. Consider whether he or she has the right to withdraw from participation without prejudice.
5. Know if the charges will be dismissed upon successful completion of the program.
6. Know the limitations to the rights of privacy and privilege that usually apply to mental health treatment.

It is also difficult to evaluate the effectiveness of a mental health court (McGaha, Boothroyd, Poythress, Petrila, & Ort, 2002). What criteria should be used to evaluate the courts’ performance? Diverting defendants from jail? Providing mental health service linkage and utilization? Reducing recidivism? Reducing symptomatology? Or some combination of these variables? Typically, researchers have focused on the effectiveness of mental health courts in regard to either their ability to reduce recidivism or their ability to provide treatment linkage and reduction of symptoms (which is assumed to be linked to defendants’ criminal activity; Boothroyd, Mercado, Poythress, Christy & Petrila, 2005; Boothroyd et al., 2003; Herinckx et al., 2005; McGaha et al., 2002; McNiel & Binder, 2007; Moore & Hiday, 2006; Trupin & Richards, 2003; Wolff & Pogovzelski, 2005).
Evaluating recidivism can pose a challenge of its own. Should researchers compare this special population to a comparison or control group whose members do not qualify for mental health court? In this design, the mental health court group, even with reduced recidivism, may still look the same or worse than the control group. Another option is for researchers to compare those who decline to participate with those who do choose to participate. What are the differences between these two groups, and how would those differences affect the interpretation of the results? Researchers could also compare participants’ pre-enrollment arrest records to post-enrollment arrest records. Also, what counts as recidivating – parole/probation violations or only new crimes? It becomes clear when reviewing the literature that there is no standardized way as yet to evaluate recidivism rates.

Wolff and Pogovzelski (2005) made recommendations on how to improve the evaluations of mental health courts. They suggested identifying key components of the mental health court system, using standardized outcome measures, acknowledging that dynamic factors may affect the system, utilizing a mixed-methods approach to research, delaying such research until the court system has been fully implemented and routinized, careful and thorough implementation, documentation and measurement of interventions received by the experimental group as compared to a randomized control group, rigorous reporting of study findings, and a thorough investigation of the participants and surroundings (i.e., court system and community involvement) that are most conducive to success.

Some of the challenges related to implementing and evaluating mental health courts include ensuring that the participants are competent to proceed, defining and/or
deciding what variables should be measured when evaluating the system (recidivism, reduced symptomatology, etc…), and if recidivism is evaluated, deciding how it is going to be measured or compared.

**Effectiveness in Reducing Recidivism**

Although it is not always consistent in its definition, in recent literature the most common means of measuring effectiveness appears to be comparing recidivism rates. Some researchers consider a probation violation to be an act of recidivism. For example, in evaluating the Clark County Washington Mental Health Court, Herinckx et al. (2005) found that in their sample (368 individuals who participated in the mental health court from April 2000 to April 2003), participants had a 62% reduction in the number of probation violations pre- to post-enrollment. The average number of arrests for all participants was reduced from an average of 1.99 at a year prior to enrollment to 0.48 at a year post-enrollment. Thus, in this study, it appeared that mental health court was successful in reducing both probation violations and new arrests when compared to the year prior to enrollment in the mental health court.

Other researchers have defined recidivism as being arrested for a new crime (versus a probation violation, which could occur due to missing appointments, going out of jurisdiction without permission, failing to obtain employment, testing positive for substances, etc.). McNiel and Binder (2007) evaluated the effectiveness of mental health court in reducing both arrests for any new crime and arrests for a new violent crime. They compared 170 participants in the San Francisco jail mental health court to 8,153 offenders who received treatment as usual (who may or may not have qualified for mental health court). They found that 18 months after entering the program the
participants in the mental health court were 26% less likely than were offenders who received treatment as usual to have been charged with any new crime. This effect may be even more substantial given that those who are referred to mental health courts are usually more likely to cycle back into the system quickly, meaning that they have an increased likelihood of being charged with new crimes. The likelihood of the mental health court participants being charged with a new violent crime was 55% lower than those who received treatment as usual.

In their study of recidivism in mental health courts, Moore and Hiday (2006) attempted to find a comparison group that was well matched to the experimental group. They compared 82 participants in a Southeastern mixed rural and urban county mental health court to 183 offenders who qualified for participation in the mental health court but who had declined to participate. One year after the index offense they found that participants who were enrolled in the program had a re-arrest rate approximately half that of the treatment-as-usual group (1.10 arrests compared to 2.36 arrests). Those who graduated from the program had a re-arrest rate that was one-quarter of the rate in the comparison group (0.58 arrests compared to 2.36 arrests). Because of the large difference in the recidivism rate during enrollment and after graduation, the authors emphasized the need for future research to highlight the differences between those who complete programs and those who do not.

Cosden, Ellens, Schnell, and Yamini-Diouf (2005) examined the differences between two groups that both qualified for mental health court. One group was assigned mental health treatment court ($N = 137$) and one was assigned to treatment as usual (TAU, $N = 98$). The authors hypothesized that those who participated in mental health
court would decrease their criminal activity and improve their psychosocial functioning in comparison to the TAU group. Their hypotheses were only partially supported: Both groups improved in both areas. The authors suggested that one of the reasons they may not have found significant differences between the groups was the unintended (but beneficial) effects of implementing a mental health court that trained the same judges that serve in the TAU courts; the judges that serve in the TAU courts may have treated people who had symptoms of mental illness in the same way that they treated the mental health court participants.

Based on the research reviewed above, it appears that whether researchers are looking at probation violations, new crimes, or violent crimes; those who enroll in or graduate from mental health courts show reduced recidivism (whether it is a pre to post enrollment individual comparison or a between groups comparison).

**Linkage to Mental Health Treatment and Reducing Symptomatology**

Similar to the above study by Cosden et al. (2005) which not only measured criminal activity but also psychosocial functioning, another way to investigate the effectiveness of mental health courts is to examine the effect of mental health court participation in linking participants with mental health services and also the correlation in reduction of clinical symptoms. Surprisingly, when Boothroyd et al. (2005) compared 97 participants in the Broward County mental health court with a matched sample of 77 defendants in a regular court system, they found that, although the participants in the mental health court were more likely to be linked to mental health services, they did not show a pre-enrollment to post-enrollment reduction in clinical symptoms based on scores on the Brief Psychiatric Rating Scale – Anchored Version (Woerner, Mannuzza & Kane,
1988 as cited in Boothroyd et al., 2005). However, the mental health utilization rates for those who participated in mental health court increased from 36% pre-enrollment to 53% during enrollment, whereas the matched sample showed essentially no change (29% utilization at initial assessment and 28% utilization at the final assessment).

According to Boothroyd et al. (2005) defendants who enroll in mental health court may be linked to mental health court more often than those who choose traditional court, but it does not necessarily mean that they will show a reduction in symptomatology.

**Mechanisms of Change in Mental Health Courts**

Once research points to a mental health court being effective, it may be helpful to try to isolate the mechanisms of change in order to increase effectiveness and efficiency. Fisler (2005) examined the importance of building trust and managing risk in a Brooklyn felony mental health court. She reported that the court managed risk through evaluations of offenders, development and implementation of individualized treatment plans, shared decision-making, open and honest communication between the court and its partners, and close judicial monitoring. In examining the issue of trust, she stated that at least three areas of trust were crucial for success: (a) trust among the judge, prosecutor, defense attorneys and court clinical staff; (b) trust between the mental health court and its community-based partners; and (c) trust between the participants and the court.

Regarding this last point, she stated:

Most important is the trust that the Brooklyn Mental Health Court judge rests in each participant that he or she will honor the agreement to stay in treatment and refrain from committing any new offenses. For a number of the participants, the judge, clinical staff, prosecutor, defense attorney, and treatment providers are all taking a leap of faith, but no defendant would be allowed to participate in the court unless that faith were well founded. In turn, the court team hopes – and
expects – that each participant will feel that that [sic] Brooklyn Mental Health Court is fundamentally fair, that he or she will be listened to and treated with respect, and that the court will honor its end of the contract (p. 601).

Wales, Hiday, and Ray (2010) proposed that the judge plays a key role in the outcome of the participants in a mental health court. They utilized a structured forced-choice questionnaire to measure the degree to which elements of procedural justice were influential on participants. Specifically, the questionnaire measured the participants’ perceived voice (i.e., having influence in decision-making), validation, fairness, and beneficence. The measure was originally designed for a civil commitment study and was modified for its use in mental health court admissions (MacArthur Admission Experience Interviews on Hospital Admission; Monahan, Hoge, Lidz, Roth, Bennett, Gardner, & Mulvey, 1995). They found that participants had strong and positive experiences in terms of procedural justice at work in the mental health court and with their interactions with the judge. The authors also asked participants open-ended questions regarding what they liked best and least about the mental health court. With respect to what participants liked most, 40 responses indicated instrumental reasons, such as increased mental health care, housing resources, and so forth, and 65 responses related to procedural justice such as responses related to beneficence; voice and validation; and impartiality, neutrality, and fairness. When asked what they liked least, 25 participants responded with a statement equivalent to “nothing”; 15 provided positive statements in addition to stating that there was nothing that they liked least, 22 responded that there was too much time involved, 5 participants disliked the prosecutor, and 11 named various other aspects of the mental health court (e.g., stigma, mistreatment, not being able to explain themselves, focus on sobriety before housing etc…). The authors listed the differences in responses in
question one (what they liked most) and the differences in the participants in regards to question two (what they liked least), for reasons unknown.

Similarly, Ray, Dollar, and Thames (2011) observed mental health court proceedings (at a mental health court that has been shown to reduce recidivism) and traditional court proceedings in order to compare the use of stigmatizing shame versus reintegrative shame. The authors described stigmatizing shame as labeling offenders and treating them as outsiders in society and reintegrative shame as disapproving of the deviant behavior of the individual and not just disapproving of the individual. The authors utilized items from the Global Observational Ratings Instrument (Ahmed, 2001) to measure each of the shaming concepts after observing either a traditional court hearing ($N = 87$) or after observing a mental health court proceeding ($N = 91$). They found that the judges in mental health court were more likely to use reintegrative shaming than were the judges in a traditional court. The authors were surprised at the minimal of use of either kind of shaming in traditional court and explained that finding as a result of the hasty nature of traditional court proceedings. While observing the mental health court proceedings, the researchers noted several interactions from the judge toward the participants that could be described as respectful, even as the judge was expressing disapproval for a deviant act. Verbal expressions of forgiveness by the judge toward the defendants were also noted.

In summary, some of the mechanisms of change that have been identified include building trust amongst all of the mental health court staff, participants, and community members who are connected to the court in some way (Fisler, 2005); having a judge that interacts with the participants in a way that makes the participants feel like they are
listened to and that justice is being carried out in a fair and neutral way (Wales et al. 2010) ; and having a judge that has the ability to accept and respect the defendant/participant while voicing disapproval for the deviant act (Ray et al. 2011).

To date, research on mental health courts has revealed commonalities among them, including a separate docket specifically for offenders with a history of mental illness, a treatment team that is involved in both treating and supervising the participant, a system of incentives and sanctions depending on compliance, and voluntary participation. There are indicators of effectiveness, such as the reduction in the number of probation violations reported by Herinckx et al. (2005), the decreased likelihood of committing new crimes reported by McNiel and Binder (2007) and Moore and Hiday (2006), and increased mental health service utilization (Boothroyd et al., 2005). The methods of measuring effectiveness were not consistent across studies and the characteristics of individuals who succeed during and after enrollment in the mental health court were not yet evident.

**Purpose of the Current Study**

The research discussed above indicates that, although there are indicators of effectiveness, not much is known about what separates success in mental health court from failure. One piece that is sparse in the literature is a narrative that examines how the participants in the mental health courts experience the process of participation. In evaluating mental health courts, it would be helpful to obtain a detailed description of how participants believe that their involvement in mental health court is impacting their lives and what they believe are the main factors that increase their chances of success.
The purpose of the current study was to conduct a qualitative investigation of the experience of mental health court participants. Although quantitative research is useful for measuring differences between groups on a wide range of factors, qualitative research typically reveals more depth about the experience of the participants than is possible in a quantitative study (Creswell, 2007). This approach is useful when little is known about an area of interest as well as when the purpose of the investigation is to gauge participants’ subjective experience (Creswell, 2007).

In order to be consistent with the suggested qualitative rigor and process for a qualitative study, I did not hypothesize any particular outcome. The purpose was exploratory; that is, to gain a clearer understanding of the experience of the participants.
Method

In this section, I describe the study methodology, including the research approach and rationale, site-specific information, characteristics of participants, data collection procedures, and analysis of data. General themes and sub-themes that emerged from the interviews are presented in the Results section.

Qualitative Approach and Rationale

I chose a qualitative approach for the current study instead of a quantitative approach in part because of the paucity of research with this population and in part because a qualitative approach provides a more in-depth understanding of the subject than a quantitative approach. Although there are many types of qualitative research and design, I chose phenomenology in order to gain a richer understanding of the subjective experience of individuals involved in the Washington County Mental Health Court. According to Creswell (2007), in a phenomenological study there are typically 5 to 25 individuals whom the researcher purposefully selects to interview in order to more fully understand the subjective experience of a particular phenomenon. Typically, the interviews are recorded and transcribed. After the transcription, themes and sub-themes emerge through careful analysis (explained in more detail in the Analysis of Data section below).

In order to increase the rigor and validity of the study, I followed the suggested steps for conducting phenomenological research as outlined by Creswell (2007). The first step in phenomenological research is the bracketing, which refers to the process of the researcher setting aside, as much as humanly possible, all preconceived ideas in order
to best understand the experiences of the participants. The next step is listing every significant statement found in the transcripts along with its formulated meaning relevant to the topic. In the third step, the significant statements are clustered into themes or meaning units while removing overlapping and repetitive statements. I finally reduced the experiences to a central meaning, to try to extract the essence of the experience (Moustakas, 1994).

**Site-Specific Information**

The current study was conducted at the Washington County Mental Health Court in Hillsboro, Oregon. The following information was primarily obtained through communication with the primary probation officer, Joe Simich (personal communication, September 8, 2008) and through direct observation of the treatment-team meetings and court proceedings. The court has been operating since April 2007. The mental health court team is comprised of a judge, a defense attorney, a probation supervisor, a deputy district attorney, a Washington County Mental Health representative, and local mental health providers from agencies directly involved in treatment and linkage to community services for the participants in the court.

Mental health court participants must be nominated to participate in the court. Judges, parole and probation officers, and case managers typically nominate participants who have been identified as individuals who have struggled in the corrections system. In order to qualify for mental health court, a participant must have a history of an Axis I diagnosis, he or she must be on probation in Washington county (in order to be included under the judge’s jurisdiction), and he or she cannot be considered a violent offender.
There were approximately 22 active participants in the Washington County Health Court throughout the course of the study.

Participation in the court is voluntary. Participants must plead guilty before entering the program and must commit to at least one year in the program. The program involves meeting with a probation officer every other week and appearing in court on the alternate weeks. On the weeks when the participants appear in court, participants are expected to remain in the court room until all proceedings for all participants are complete. Each participant is called on to speak to the judge about his or her current circumstances and compliance with requirements. Participants must be compliant with individualized treatment plans and must remain drug and alcohol free in order to avoid sanctions.

**Participants**

There were 22 active mental health court participants during the data collection phase. In order to be included in the study, participants must have been involved with the mental health court for at least two months and could not be incarcerated. I approached each potential participant, gave him or her a brief description of the study, and asked if he or she would like to participate. Twelve out of 22 potential candidates agreed to participate. The final sample (see Table 1) was comprised of four females, seven males, and one participant who identified as “other.” Six participants (50.0%) identified as Caucasian, two (16.7%) as Hispanic, one (8.3%) as African American, one (8.3%) as Asian, one (8.3%) as American Indian, and one (8.3%) as “other.” Eight of the 12 (66.7%) had at least some college education, two (16.7%) were high school graduates, and two (16.7%) had some high school education. All participants had been diagnosed
Table 1

Demographics

<table>
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<tr>
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</tr>
</thead>
<tbody>
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<td>N</td>
<td>%</td>
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<tr>
<td>Ethnicity</td>
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<td>Diagnoses</td>
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<td>1</td>
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<tr>
<td>More than three diagnoses</td>
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<td>Charges</td>
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<td>Theft (including I, II, and III and identity theft)</td>
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<tr>
<td>Unauthorized Use of a Motor Vehicle</td>
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<tr>
<td>Burglary</td>
<td>1</td>
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<tr>
<td>Possession of Illegal Substance</td>
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<tr>
<td>Driving Under the Influence</td>
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<td>Disorderly Conduct</td>
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with at least one Axis I disorder. They had all been charged with and pled guilty to various nonviolent misdemeanors and felonies, including theft, burglary and substance-related charges. Half had previously been on traditional probation and half had not.

**Data Collection**

I gained access to the treatment team meetings and the court proceedings through contact with the mental health court judge. I began building rapport with potential participants by becoming a familiar face and attending several court proceedings during the months prior to the first interviews. After approval from Pacific University’s Institutional Review Board and the approval of the mental health court judge, the active phase of the study commenced. Data were collected by individually interviewing participants in a confidential setting immediately after the court proceedings in the Washington County Courthouse (in a jury room) or after the participant’s meeting with his or her mental health court probation officer (in an empty office).

Before commencing the interview, I gave each participant an informed consent form (see Appendix A), and either the participant read the form or I read it aloud (if the individual verbally indicated that he or she could not read or appeared to have difficulty reading). Then each participant was asked to briefly explain the study in his or her own words, and I answered any questions the participant had before he or she signed the form. The participants were then given a demographics questionnaire regarding their economic status, ethnicity, gender, marital status, education level, diagnosis, mental health history, and legal history (see Appendix B). I also offered to share the results of the study with any participants who indicated they were interested. Participants were told that the interviews would be audio recorded.
The interviews lasted between 35 min and 75 min, with a typical interview lasting 45 min. At the end of the interview, each participant was asked if there was anything that he or she would like to add and was then thanked for his or her participation. Each interview was transcribed solely by the researcher. Names were omitted in the transcriptions.

**Interview Questions**

I first asked each individual to explain what it was like to be a participant in a mental health court. Some variation or prompting followed at times when the participant struggled to understand how to answer or they indicated that they needed clarification. Each of the questions and sub-questions shown below were addressed either directly or indirectly with each participant.

The interview questions for this study were based on Moustakas’s (1994) suggestions for questions for a phenomenological study. The final questions or statements posited were as follows:

1. Describe your experience as a participant in the mental health court.

2. What has affected your experience here?

Sub-questions:

(a) What is different about being supervised through the mental health court versus traditional supervision/probation?

(b) What do you feel would increase your chances of succeeding?

(c) What would you consider success?

(d) What positive feelings or reactions do you have about your involvement with the mental health court?
(e) What negative feelings or reactions do you have about your involvement with the mental health court?

(f) What specifically have you learned from your participation in the mental health court?

(g) How has your behavior changed as a result of your involvement in the mental health court?

(h) How has your life changed as a result of your involvement with the mental health court?

(i) Why did you choose to participate in the mental health court?

(j) There are many people included in your treatment team; tell me about your experiences and interactions with them (asking for specific examples if they do not give them).

Analysis of Data

I modeled my data analysis after Creswell’s (2007) suggestions. After the interviews were completed, I transcribed each one verbatim. I reviewed each interview several times before the analysis continued, in order to sit with the information for some time. Data analysis included reviewing the transcripts, highlighting significant statements, assigning formulated meanings for each, and then grouping these statements together into common themes and sub-themes. From 12 verbatim transcripts, 251 significant statements were identified. Each of those significant statements was labeled with a formulated meaning (for instance, the statement “He’ll try working with you and give you every opportunity to come clean. Very supportive in that way, and knowing that there is always someone there that I can talk to if I’m having problems” was assigned a
meaning unit label of “supportive”). All of the formulated meanings were then put together (on strips of paper, with statement, formulated meaning, and participant number), and then those meaning units were arranged and rearranged until clear themes developed without overlapping. Because of the numerous questions asked, it became apparent that, although core themes were emerging, it was also important to be able to provide some descriptions for more specific questions (such as Why did you choose to participate in the mental health court?). Following the detailed analysis of themes, I extracted the essence of what it means to be a participant in mental health court and put that into a clear and succinct descriptive paragraph.

**Inter-Rater Agreement**

To validate findings, Creswell (2007) suggested utilizing at least two validation strategies when conducting qualitative research. The methods that I selected include prolonged engagement with the participants (through persistent observation of the participants and court proceedings); triangulation (meaning that I made use of multiple sources, investigators, and theories to provide corroborating evidence for my emerging themes); clarification of my own bias (through self reflection); and providing a rich, thick description of the participants’ experiences and the contexts involved to enable the reader to determine whether the findings may be transferable to similar situations or programs. I also recruited a doctoral student who had experience with qualitative research to analyze two of the transcripts. When she had completed her analysis, I compared her results with my own in order to verify that my perspective and biases did not interfere to the extent that I missed emerging themes. In comparing her results with my own, I found that each of her themes and sub-themes were either included in my own results as main themes,
sub-themes, or formulated meanings. This validated my final analysis, and the results did not require modification.
Results

In this section I first review how I arrived at the results. I then include a section that details why the participants chose to participate in mental health court. Following, I go into detail about each category, theme, and subtheme and include many quotes from the participants. Following the main categories and themes, I discuss what the participants would consider success.

Data Analysis

The process of extracting central themes from several interviews involved first highlighting what I perceived as significant statements from all of the transcripts; for instance:

Um, Joe’s wonderful – I’ve had him for over a year. I actually like him better than I like my counselor at [a local mental health agency]. I call him if I have a problem. He’s supportive. He came and saw me at the hospital, he came and saw me at the jail – he saw me at my house. He actually came and picked me up from the hospital and took me home. I ran into Judge Hernandez at [a public location] once and he actually came over and asked how I was doing. This was right after I had been in the hospital.

From these specific quotes, I formulated a general meaning, in this case *They show they care through acts of kindness*. After I wrote down all of the formulated meanings beside the significant statements, I then transferred each of these formulated meanings onto separate pieces of paper and organized them while making sure that no two were the same, thereby combining formulated meanings. For example, the three meanings *They show they care through acts of kindness*, *Acts of kindness let you know they care*, and *The team cares and shows it through acts of kindness* were combined as *They show they care through acts of kindness*. Once I was certain that I had all of the
formulated meanings separated into distinct and non-overlapping meanings, I then started clustering them together into piles that were related, thereby creating subthemes. For example, the subtheme of the Relational Benefits was composed of the following formulated meanings: *They show they care through acts of kindness, They treat me with respect, They all work together to help me, They make me feel special,* and *They are on my side.* I then looked to see if some of these subthemes appeared to be closely related, and I combined them into what have become the main themes. For instance, the subthemes Psychological, Behavioral, and Relational benefits were combined into a main theme of Positive Aspects under the category “Individual Responses to Court Participation.” This process continued until each theme was separate and distinct. I then sought feedback from my peer-analyzer (another student conducting a qualitative dissertation). She analyzed two of the interviews and developed her own themes and subthemes in order to add strength to the validity of the results. She stated that the overall gist of the interviews she analyzed was that mental health court was a positive experience and an effective program. The general concepts that she extracted included increased self-awareness, insight, and positive interactions; an increased motivation to succeed and to be accountable; a strengthened ability to manage mental illness; and a degree of increased anxiety and fear at times. I compared these with my own and decided that they were subsumed in the categories I had developed, and thus no changes were necessary.

**Why Mental Health Court?**

One of the questions that I asked the participants’ was “Why did you choose to participate in mental health court?” Because this question addressed the process of
deciding to whether to participate in the mental health court, responses were not relevant to understanding participants’ subjective experience once they were in the court. Thus, they were not part of the thematic analysis. However, the responses were still relevant to an understanding the whole experience of participating in the program and thus they are discussed here prior to discussion of the themes.

There was some variation among participants as to why they chose to participate in mental health court. Most of them expressed that they had been having difficulty either in jail or in a traditional probation system, which then triggered a referral from someone involved in the court system. For example, Participant 3 was referred to the mental health court when her probation officer found out that she was in the hospital:

I got released at night and went straight to the hospital. I was there for a couple days in the psych department. So then, my dad had called her [probation officer] and said, “She can’t see you right now- she’s in the hospital,” so then I guess she called Joe, and Joe called me and said, “We would like you to join the program.” And at first I thought that, like, I wasn’t going to have any changes. And I was like, “That’s awesome.” Because I thought that my life was over – that I was never going to be able to get a job. Part of my plea deal is that once I complete the program, I can petition immediately that my felony is dropped down to a misdemeanor, instead of waiting 3 years or 5 years or whatever.

Participant 5 was referred to the mental health court by a mental health professional while she was in jail:

I went to jail across the street and I was there for 28 days. And it was there that there was a mental health worker – she’s the one that said that when I get out I was to go see Joe Simich. She was the mental health worker. That was through Rebecca Blaney – the public defender’s office, and you would be crazy to not want the help and support that you get here. Yeah, she broke it up piece by piece and I made the decision on my own. I have some trouble with comprehension and what I read, so she helped me go through it all. Took the time to go through each little thing in that contract to be in the mental health court and I thought it was the perfect program for someone like me.

Participant 9 was referred by his attorney:
Because I relapsed. And they wanted to help. And my parents were very nervous. And they kept telling someone – my attorney – that I still need help, that I have a learning disability and I really need help. So, while I was still in custody, my attorney had to talk to the judge. At the time we had to go through Judge Gardner and to get approved. Finally, my attorney was able to talk to Judge Hernandez. He said, “I’d like you to take this client. He’s in custody right now. I’d like you to meet him.” So, my attorney talked to Judge Hernandez and he accepted my case. He looked up my disability, then he accepted my case.

Participant 11 reported how he was referred by a traditional court probation officer after struggling in the probation system:

I was still having problems, you know, not being honest with myself about my addiction and just thinking that the court system was wrong and that everyone else was at fault. I blamed everyone else. Then I actually had a breakdown and I was expecting someone to come and take me to jail. I was yelling and screaming and was not happy about what was going on, and I felt… abandoned.. you know, and she said, “Oh my God, you don’t belong here,” and I was like, “No kidding!” And then, um, she had me wait in the lobby for a few minutes and then she got me right in to talk to Joe, and I told Joe what was going on, and I just had a complete breakdown, and he said, “This is what we do. This is the right place for you.”

Once they were introduced to the option, the system was explained to them and they were given a choice as to whether or not they wanted to participate. Some participants seemed to not understand or remember that participation was voluntary; for instance, Participant 2 stated, “It was required.” Participant 1 stated simply that she entered the program because “it was a way to get out of jail,” whereas Participant 6 explained that he was interested in the mental health court because he wanted to find a way for his charges to be dismissed:

The reason I entered the program is because I got a disorderly conduct charge and, uh, the only way to get it dismissed from my record, my criminal record, was to enter the program, and, uh, so I decided to do that instead of doing a little community service. And I also entered the program because I was diagnosed with bipolar disorder.

In sum, the most popular route of entry into the mental health court was that someone who worked with the offender (e.g., a probation officer, attorney, or mental
health professional) noticed that the offender was struggling and referred him or her to the court; the offender then decided that it sounded like a good and reasonable alternative to traditional court or probation. Other participants reported that they had decided to join because they believed it was required, it was a good alternative to jail, and/or that it was a good option to try to have the charges dismissed after completion of the program.

**Categories, Themes, and Subthemes**

In the following section, I detail the categories, themes, and subthemes that were developed from the analyzed transcriptions regarding the experience of participating in the mental health court. The responses fell into two categories relating to the design of the mental health court and individual responses to court participation (Table 2). Participants’ experiences regarding the design of the mental health court revealed positive aspects, such as personalized case management, access to resources, structure, increased support and contact, and accountability, as well as some negative aspects, such as a perceived loss of privacy, the irony of some sanctions, and a belief that the treatment team did not always have sufficient knowledge about mental health disorders. Regarding the participants’ individual responses to court participation, they also expressed positive and negative aspects. The positive aspects that emerged included psychological, behavioral, and relational aspects. The negative aspects were fewer than the positive and included moments of increased stress, anxiety, frustration, and stigma/shame, as well as feeling the experimental nature of participating in a relatively new mental health court.
<table>
<thead>
<tr>
<th><strong>Category 1: Design of the Mental Health Court:</strong></th>
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<tr>
<td><strong>Theme I: Positive Aspects</strong></td>
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<tr>
<td>1. Personalized case management</td>
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<td>2. Access to resources</td>
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<td>3. Structure</td>
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<td>4. Support/Contact</td>
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<td>5. Accountability</td>
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<td><strong>Theme II: Negative Aspects</strong></td>
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<tr>
<td>1. Loss of privacy</td>
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<td>2. Irony of some sanctions</td>
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<td>3. Lack of knowledge about mental health disorders</td>
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<tr>
<th><strong>Category 2: Individual Responses to Court Participation:</strong></th>
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<tr>
<td><strong>Theme I: Positive Aspects</strong></td>
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<tr>
<td>1. Psychological benefits</td>
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<td>2. Behavioral benefits</td>
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<td>3. Relational benefits</td>
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<td><strong>Theme II: Negative Aspects</strong></td>
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<td>1. Stress</td>
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<td>2. Anxiety</td>
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<td>3. Frustration</td>
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<td>4. Stigma/shame</td>
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<td>5. Experimental nature of court</td>
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Category 1: Design of the mental health court. This category includes the participants’ views regarding the design of the mental health court. Both positive and negative aspects were expressed.

Theme I: Positive aspects. Theme I addresses positive aspects related to the design of mental health court, including Personalized Case Management, Access to Resources, Structure, Support, and Accountability. Each of these subthemes will be addressed specifically, with representative quotes included.

Personalized case management. Many participants made statements regarding how the mental health was designed specifically for mentally ill individuals in the criminal justice system. For instance, Participant 3 believed that the mental health court was more lenient than traditional court:

“They look at your individual case, then they look at who you are and what you’ve done and then they give you room to do well or to not do well. And if you do not do well – it’s not the end of the world, you know. I think it’s really cool.”

Participant 12 voiced how individualized the court was:

“They tend to tailor a person’s needs to, um, like for instance… me being sent to NAMI for community service, that was a really good match for me, and so, for someone else, maybe it wouldn’t have been.”

Several of the participants also believed that the mental health court was much more understanding of the limitations they had because of their mental health issues than a traditional court would be. For example, Participant 5 stated:

“There is no slack in a normal court like there is in a mental health court. There’s a lot more leeway depending on circumstances. I still make sure that I call; I don’t just not show up. I call, I tell them what’s going on, and Joe will either tell me, “Why don’t I just see you tomorrow – I’ll tell Judge Hernandez why you’re not coming in.” I could never do that in a regular court. I could get a warrant out for my arrest and I would probably be back in jail. Just in the time that I’ve been coming here, I probably would have violated a hundred times by now.”
Participant 12 also described how understanding members of the team were and how she felt comfortable telling them what was going on for her psychologically:

I can talk to them about things that a normal, uh, a person who wasn’t a mental health officer wouldn’t understand, or um, even recognize, like if I said, “Look – I’m feeling really anxious today – I can’t leave my house, I can’t make it” you know – like Brooke or Joe – they would understand it, ’cause they know my history, and they know about anxiety, whereas in the traditional probation, they probably would not be so understanding.

Access to resources. Participants stated that they either had been linked up to additional resources or believed that they would be given referrals if they needed them. Participant 1 described how she had become more linked to mental health services since she began the mental health court:

Before I was in mental health court, I refused to go to any mental health agencies. Um, then also in the house that I live in you have to go to some sort of meetings and providers. So – I don’t think that I would have gone to counseling or continued to take medication.

Participant 2 reported that his housing situation had been stabilized: “I got moved to the group home, because at the time I was homeless and I was just out on the street committing crimes.” Participant 5 also expressed that she was thankful that she did not end up homeless: “They were helping by giving me resources because I was this close to ending up on the street.” In addition to housing resources, the treatment team also helped participants apply for funds that might be available for them, as indicated by Participant 2: “I was approved for Social Security. They helped me get that.”

Structure. Many participants reported that there was a lot of structure in the mental health court system, such as rules, restrictions, and monitoring. Participant 2 described some of the rules that he followed as if the concept were somewhat new to him:

“Well, you have to follow all of the rules really. You have to make sure that you are
there, and that’s it. You live somewhat restricted. There are certain things that you can
and cannot do.” He went on to say: “Kind of like yesterday, we were watching a horror
movie, and it was un-rated, and they said it had too much gore. Stuff like that, so you
live somewhat restricted, like with boundaries.” Participant 6 explained how the judge
expected certain things of them: “The judge, uh, prefers that people are either working or
going to school. I had a job for a while and then I went back to school.” Participant 9,
who had been diagnosed with a cognitive disorder, explained that the judge expected him
to not only follow the judge’s rules but also the rules of his caretakers:

Judge Hernandez says you not only have to listen to me – you have to listen to
your P.O. and your parents. You must comply all rules. You must comply all
regulations. You must obey your parents – and
the parents are like the judge, your parents have the right to call me and say you
are not obeying the rules, and you will go to jail.

Increased structure and monitoring was also described by Participant 1 who not
only stated, “I’m monitored very closely,” but also:

You see the judge at least twice a month, and you see Joe at least twice a month –
so you see Joe at least four times per month. So you are having a lot of contact.
Any changes in medication, I let him know. Also part of my probation; I am
required to go to groups and individual therapy.

Support. The mental health court participants expressed that they had had more
people to talk to and more support since they began the program than they did before they
joined the program. As Participant 1 stated, “You have a lot of contact with the court.
You are closely supervised. If you have issues you have someone there to talk to.”
Participant 11 noted that he was more aware of what he was doing since he started the
mental health court program because he had more people around who were paying
attention:
I tend to be more acutely aware of what I’m doing. I tend to really think more before I act, and I certainly tend to do more, uh… Increased productivity with everything that I’m doing. Being aware that whatever I’m doing, I know that I’ve got people watchin’ me and people to reach out to if I need to. It’s a safety net, I guess.

Participant 3 explained how the treatment team helped her with building her social network:

They kind of helped me build a great support system. You know, my mom was always great, but they helped me develop relationships with my dad and my brother, um, and make some friends. They really helped me make some friends. I didn’t have any friends and um, I had to leave all my old friends behind because I was addicted to opiates. . . So, um, I didn’t have any friends. I hadn’t made any friends, so he [Joe] encouraged me to talk to people here and make friends with people here. Then I started going to church and making friends there. He really encouraged me to get out and meet people. You know you get depressed when you don’t have anything to do and you’re just sitting at home – disabled kind of – but that was just, that was one of the best things that he could have done for me. And he didn’t just encourage me; but totally helped me, like, “How about this person? This is a really nice person,” and like told me how to do it. Like specific examples of what to say and do.

Participant 2 explained how the mandatory community service eventually led to him volunteering in the community:

There’s been different experiences with community services. When I go out there it’s just me and other people; you know, a different kind of work that I wasn’t aware of, like gardening and stuff. That’s what I’m going to be doing, as volunteer work – I got all my community service done really, and um, it’s just volunteer work now.

Accountability. This subtheme includes the formulated meanings: The rules/boundaries are for my benefit, If you don’t follow the rules, there will be consequences, and The rules help me become a better person. Participant 1 explained that she believed that she was responsible for the sanctions that had been imposed on her, stating:

I got thrown in jail once, but it’s because I relapsed on alcohol, and Joe, the first night I did it he wasn’t even going to do anything; he just wanted to talk to me the
next day, but then I woke up and started drinking again so he issued a warrant just because he didn’t want me to hurt myself, because he knows my issues so well. So the only negatives are the things that I’ve caused on myself.

Participant 4 expressed something very similar:

Well, it’s my fault for being put in the system in the first place you know. So, me using, then going to court, I get put in jail you know, and if I don’t go to court, they issue a warrant. And I ended up with a warrant a couple of times you know, because I didn’t report to my P.O., and didn’t go to court, so they issued two warrants. That was my fault. I could have gone. The negative thing was that I was being stupid. I was like, “The hell with this – I want to do what I want.”

Participant 11 felt that being held accountable had helped him:

…it allows for a lot more accountability, and puts you in, um, a situation where you have many more resources available, that you wouldn’t otherwise. And it’s just, um, very structured, which is what I like about it. It’s easier to be accountable when you’ve got so many people to be accountable to.

Similarly, many participants explained the consistency of the enforcement of the rules as they talked about their enforcement. Participant 1 stated, “I think for me it really helps me stay sober because in the back of my mind I know that if get I get caught I will probably go to jail.” Similarly, Participant 4 stated, “We all do what they say, you know, and if we don’t do what they say, you know, we’ll be in a cell, and we’re in there pretty much all day long. You know – if we want our freedom, then we have to do what they say.” Participant 9 stated that his parents also had the right to enforce the rules: “Yes – if I’m not home by seven, my parents have the right to call the judge and put a warrant out for me. I know that my parents have the right to call and say that I am not following the rules.”

Two participants talked about how going to jail helped them to appreciate their freedom: Participant 2 stated, “Yeah – well, I failed a few UA’s, I went to jail. Well, that tells me to become a better person and to make sure that I stay out of trouble, because it’s not worth it, going back to jail.” And Participant 4 said the following:
Well, it makes me think about the problems that I’m actually going through. Makes me think about what I did to deserve this, you know. So I’m thinking about what it is that I do to get put in jail; it’s a big change for someone like me. I’ve changed. I had been getting attitude toward everyone. And my P.O. got a report and he came over to my house and arrested me you know, it’s his job – he had to. It was a parole violation; I was only in jail for four days. Then it was just like – OK – you can go home now. See you later. I like being out of jail. I like my freedom.

Overall, the participants expressed many positive statements related to the structure of the mental health court. Regarding the case management, they reported that they thought it was individualized to their particular needs and that the court staff seemed to be understanding of their capabilities and limitations. Participants also expressed that since they became involved with mental health court, they had gained access to resources, such as housing opportunities, mental health services, and social security benefits. Participants reported that the structure, rules, and contact with the court staff helped them to become more accountable for their actions.

**Theme II: Negative aspects.** In addition to the positive aspects, most participants expressed some negative aspects related to the design of the mental health court as well. However, the positive aspects clearly outweighed the negative aspects. In fact, it was very touching to hear how satisfied the majority of the participants were with their experience as participants in the mental health court. Participant 1 stated, “I think that everyone is going to tell you the same thing. I don’t have anything bad to say about the program.” Participant 5 stated that there was not one thing that he would change about the program.

Some of the negative aspects related to being a participant in mental health court included the subthemes of Loss of Privacy, Irony of Some Sanctions, and Lack of
Knowledge Regarding Specific Mental Health Disorders (on the part of the treatment team).

**Loss of privacy.** Some of the participants indicated that they felt a loss of privacy while they were in the mental health court. Participant 6 stated, “You are like an open book to the system. They can look into everything that you are doing. You are put under a microscope.” Participant 8 expressed something similar: “A lot of your medical history and your records and your private life and mental health is all opened up to the mental health court and to your P.O.”

**Irony of some sanctions.** A few of the participants were concerned about the irony of some sanctions. For instance, Participant 8 was concerned about a sanction he received for not being compliant with his medication: “It’s ironic and crazy in some ways to miss your meds and get sent to jail – then they screw up your meds the whole time you’re in jail.”

**Lack of knowledge about mental health disorders.** Various participants expressed concern that the treatment team was not always knowledgeable about their specific mental health disorders. Participant 6 stated:

> It would probably be beneficial to have like a psychiatrist or someone else who knows more about mental illness come to court and talk to people. Like, not only have the judge up there, but have another person, like a psychologist or a psychiatrist up there to ask questions to that person.

Participant 7 similarly stated, “I think they understand a little bit, but I don’t think they fully understand my disorder.” and Participant 10 put it simply and clearly: “Sometimes it seems like they don’t understand my mental illness.”

In summary, the negative aspects related to the structure of the mental health court included feeling like they had less privacy, some of the sanctions seemed to be
ironic, and at times the participants felt that their particular disorders were not well understood by the court staff.

**Category 2: Individual responses to court participation.** This category includes the participants’ views about positive and negative aspects regarding their individual responses to court participation. It differs from the first category that included participant’s views regarding the design of mental health court. In this category, Theme I identifies the positive psychological, behavioral, and relational aspects of being a participant. Theme II identifies negative aspects associated with being a participant in mental health court, including stress, anxiety, frustration, stigma, and the experimental nature of a relatively new court system.

**Theme I: Positive aspects.** The participants all made statements related to positive individual responses to court participation. These positive comments were broken down in psychological, behavioral and relational elements.

*Psychological benefits.* This subtheme encompasses how participants’ attitudes had changed for the better since beginning the program. They expressed that they felt more mature, more accepting of their mental illnesses, and more well-adjusted psychologically. For example, Participant 4 expressed how his attitude toward people had changed:

I want to actually work with everyone now. I used to have a bad attitude. I used to sit there and swear all the time and argue – and now I realize that all I was doing was just making myself look bad. I don’t want to do that anymore – especially with the mental health people.

When it comes to feeling more mature, Participant 2 expressed it well:

I’d say I’m more mature now…Before I was immature, I just didn’t care, and I had a theory that I was not going to get caught, so I would just do things and think that I was not going to get caught….Well, I’ve changed my theory. My theory
now is that I need to stay out of trouble, and stay clean, and stay on the right path, and make sure that I don’t have the mentality that I won’t get caught, because I don’t want to go back to jail.

Several participants described decreased mental health symptoms and/or increased happiness. For example, Participant 5 explained a shift in the way she interpreted auditory hallucinations: “I’ve been really good, not as much paranoia. They call it hearing voices, I call it hearing people – but since I didn’t hear them for a while, I guess they might just be voices.” Participant 11 described coming to recognize the ups and downs that accompany bipolar disorder:

Now, I’m night and day more able to identify what I’m going through; if I’m leaning toward a depressing trend or a manic trend. If I’m feeling antsy, I’m now more able to recognize it before it gets to a bad point. And to, um, adjust my behavior, or to make sure that I’m taking all of my medications. Doing everything that I need to be doing. It’s just made me more acutely aware of what I’m experiencing or dealing with.

Some of the other participants acknowledged increased acceptance of their own and other’s mental illnesses. Participant 3 talked about accepting that she has to take her medication:

Um, that it’s ok to have a mental illness. That it’s not like, uh – you know I used to just try to ignore it. I didn’t take any medication; I used to think that it was pointless. I think I finally got on the right medication, and I think that coming here had a lot to do with that. Because I cannot not take my medication, because that would be a violation of my probation.

Participant 12 also talked about coming to terms with her mental illness: “Just, being there and being around other people even outside of mental health court, reinforced to me that, okay, maybe I can be okay with it. I may not be able to be like I was before, but I might still be okay.”

Behavioral benefits. The second subtheme details the behavioral changes that occurred since becoming a participant in mental health court. The most common changes
included increased medication compliance, decreased recidivism, and increased sobriety. Participants 2 and 11 stated respectively, “Yeah – it helps me, uh, to make sure that I take my meds,” and “I feel really stable. I take them religiously – I don’t miss a dose and I feel stable – I feel calm, I do what I gotta do.” Regarding decreased recidivism, Participant 5 stated simply, “I don’t steal anymore. I don’t break the law anymore.” Similarly, Participant 7 said, “Well, I’ve learned not to take things from others and that’s about it… I’m not fighting people, or breaking things and stuff.” Participant 9 stated, “I’ve been meeting with my P.O. every other Monday. If I didn’t have this program, I probably would have had a relapse…committing another crime.” Almost every participant mentioned staying sober as a condition of his or her probation. Participant 6 saw sobriety as particularly beneficial: “One of the benefits is that I would probably be smoking weed, but I can’t because I’m in the program and the judge says that I can’t do that. It’s a major benefit.”

Participant 9 described the process as getting a second chance or a fresh start:

I would like to say out to the public that I think it is a good system. If I wasn’t in this program, I probably would have committed another crime. It’s helping a lot. But, um, it helps people get back on their feet. They tell you what you should do. It’s like starting all over. It’s kind of like starting fresh like you are a little baby, and you have to start making all of the right choices. But it’s hard now because you are an adult. You need to make the right decisions but it’s like – you don’t know what to do, because your brain… you already have patterns and it’s hard to go back like you were a little kid. And having the program, it’s having a lot of people involved – helping you get out of the bad choices…

*Relational benefits.* Overall, the participants expressed strong personal connections to members of the treatment team, feeling cared for, and liking and appreciating the treatment team. This subtheme is closely related to the subtheme Personalized Case Management under the theme of Positive Aspects related to the *design*
of the mental health court, although this subtheme directly addresses how the personal connection with the treatment team members has helped them succeed (i.e., this refers to their individual response to the personalized case management that is part of the design of the court). Participants expressed being surprised that they had changed their minds about the adversarial nature of the court system. For instance, Participant 11 stated:

…knowing what to do if I feel like I’m hitting those trigger points, knowing who to turn to. Knowing that the people on the mental health court team, even though they are agents of the court; who I am in trouble with, really are on my side, on my team. Versus the probation that I was on before I got transferred to the mental health court, where it really felt like she didn’t give a damn about what I was doing as long as I was doing what she told me to do, and she didn’t want to hear about anything else. And, I communicate with my probation officers, I mean, they let me text message them. They’re really uh, available. They’re so available, and they’re so good at communicating and they help me feel like I’m becoming successful. It’s done wonders for my self esteem. Since this whole ordeal started and I felt like I lost everything when I was in trouble – and they really helped me feel very positive and helped my self-esteem. Just helped me in ways that I never thought a criminal court system could help. It’s just mind-boggling.

In addition to being surprised at the relationships they were building with treatment team members, participants also explained that the team members inspired them or treated them in a way that made them want to succeed. Some even stated that they wanted to make the team proud of them, as Participant 3 did: “I think they helped a lot with that because they were so caring and they helped me so much. A lot of the time I want to show them how good I can do. You know, make them proud.” Others expressed that they did not want to let members of the treatment team down. For example, when asked what success would be, Participant 5 stated, “Not to break the law. To want to better myself and get through this. To not let the judge and Joe down. To show them that I can do this. That I can do it.” Participant 11 explained, “For me, this program has
made me want to succeed. I don’t want to let down all of the people or myself. So, uh, I love it for that! It really motivates me.”

The participants expressed feeling cared for while being in the mental health court program. Participant 4 seemed surprised when describing that the team seemed to like seeing him: “They like to see my face. They like to communicate with me a lot more. It’s pretty nice (laughter).” He also stated that the team made him feel cared for at times: “I didn’t like to feel, to feel, like people cared you know – I wasn’t used to that. I’m still not used to it….” Participant 5 made similar comments, indicating that her Probation officer was:

…more of a friend sometimes than a P.O. And the judge, I have nothing but respect for the judge. He’s “his honor,” just his job title and everything. I have respect. And for him to like, put himself…I just feel like a man like him is a very special man to take time for people like us in mental health court.

The participants also believed that the whole team came together to help them, as noted by Participant 4:

Well, for this last year – I have been doing drugs, you know, for the last year – and they’ve been trying to help me stay sober and help me stay on my medication and stuff like that, and I was actually refusing at the time, for about six months. I was constantly ill, and I finally got my act together because of the court system. You know, they’re here to help us get through the probation faster. They are just helping us get through probation and helping us succeed for the rest of our lives. You know if it wasn’t for Joe and the rest of the court system and everything – you know, putting a bunch of disabled people in the same court room – we wouldn’t actually be doing it.

And in other words, with the same sentiment, Participant 11 stated:

I mean, we have an attorney that I would otherwise never be able to afford; I would have a court-appointed attorney. We have our own attorney who is available to us at any time. We have a representative from the D.A.’s office there every time, we have representatives from the jail, from the court, the probation office. It is – in every sense of the word – a united team, which is awesome! They all work together.
Participant 11 also explained that being treated with dignity and respect was helping him to feel better about himself: “One of the things the P.O. said is we’re not bad getting good, we’re sick getting better, and that’s what I like about it. It’s really changed my self-esteem, it’s changed how I feel about myself, and it really gives me a lot of hope.” Participant 10 stated, “They have treated me really good for the most part.”

Participant 1 relayed how members of the team did unexpected things that make her feel special:

Um, Joe’s wonderful – I’ve had him for over a year. I actually like him better than I like my counselor at [a local mental health agency]. I call him if I have a problem. He’s supportive. He came and saw me at the hospital, he came and saw me at the jail, he saw me at my house. He actually came and picked me up from the hospital and took me home. I ran into Judge Hernandez at [a public location] once and he actually came over and asked how I was doing. This was right after I had been in the hospital.

In addition to feeling cared for by the treatment team, participants frequently stated how much they like members of the team. Participant 3 appreciated her lawyer, and stated, “She calls and checks up on me. She’s just the coolest lady. She really is a good lawyer.” Participant 6 talked about the judge and his probation officer: “Some positives are that you have people who uh – like you have the judge, and he’s pretty understanding of people’s conditions. Joe’s a really nice guy – I get along well with him.” Participant 6 also praised his probation officer:

I like Joe. I would say that. Influential in the way that it’s nice to see someone – who’s consistent – and I guess I could say that I always joke around with him and say that he’s my P.O. – but he could make a much better neighbor. He’s not my neighbor, though – and I have to remember that there’s boundaries and I need to show up when I say I’m going to show up. But he really is a stand-up person when it comes to character and integrity…So, that’s been eye-opening – that there could be someone in the field – I asked him one day – in 20 years, how has it affected him? And he actually said it hasn’t. It’s made him more compassionate and understanding. I thought that was pretty cool. He doesn’t just say it – you
can see it. You can tell when somebody tells you something and it’s not consistent with their behavior.

Participant 4 stated the following:

…my attitude has changed and now I’m back to having my freedom back and being in the court system, it actually works. We have a very nice judge, I have some very nice people to support me, and it’s fun. I like it…Now it’s just like a habit – I have to be there. I’ve gotten used to it. So once I graduate, I’m welcome back to visit. Any time I want. Which, some of the people come back and say hi, you know – talk about their progress.

Participants’ appreciated that it helped them get out of the house and noted that they looked forward to coming. Participant 4 stated, “And it’s good because it gets me out of the house, you know.” Similarly Participant 5 stated, “I am a severely depressed person and it just gets me out of the house, which is something that I never did. I’ve met people here.” And Participant 8 noted:

I think it’s helped, believe it or not, when I think about it – it’s not like I want to have a place to go report to every week, but it brings structure into my life. So, if I have days with depression, which usually keeps me isolated, I know I have to do it. I get out of the house, I get showered, feeling good about myself again. You’re out and about – have a couple hours to get out and talk to somebody.

Participant 3 looked forward to coming to court: “I started making friends with people here and for a while had a really good time coming here. I was like, ‘Oh, I can’t wait until Monday, I can’t wait to see Joe, I can’t wait to go to court, like – ’cause I felt like I really needed it in my life.”

Participant 3 expressed the following:

I’ve had an excellent experience here. I feel very lucky to be put in here instead of a regular court or probation. Because I would not have gotten any help. I would have been punished a lot. I’m sorry if I cry – I cry a lot – I have that problem. So, yeah, I’ve had a great experience. I love Joe. I love the judge. I mean, I don’t love everything about the program – there are a couple of things that I might change.
In sum, the positive aspects related to the participants’ individual responses to their participation in the mental health court were plentiful. Some of the psychological effects of their involvement include improved attitude, maturation, and improved psychological functioning (including reduced symptoms). The behavioral changes that were credited to their involvement included increased medication compliance, sobriety from drugs and/or alcohol, and reduced recidivism. Regarding the relational benefits stemming from their involvement in the mental health court, several of the participants reported being surprised by the cooperative rather than adversarial nature of the mental health court. They reported feeling cared for and accepted by the members of the court staff and that some of the relationships that they had formed with staff had motivated them to want to succeed in the program.

**Theme II: Negative aspects.** Negative aspects associated with being a participant in mental health court included stress, anxiety, stigma, and the experimental nature of a relatively new court system. Although some degree of at least one of these negative aspects was expressed by most of the participants, the positive comments were far more common.

**Stress.** Participant 6 explained that it was stressful for him to be in a role that was unfamiliar to him: “I have a commitment every Monday – or, three Mondays out of the month, and you know, I have to come down here, it’s stressful, I have to wait in like a little room – looked at like a criminal.” Participant 9 explained the stress related to seeing others receiving sanctions:

There is so much stress in the court, though. Like, to see the others. Like last week! You were there! When that guy got arrested for not, uh, doing his U.A. and he got cuffed. It just, uh, when I see people getting cuffed and going into custody
again – he just got married – and now he’s just got his wife ticked off… then just saw him on Monday in court and I just feel so bad for him.

**Anxiety.** Those who reported experiencing anxiety usually had experienced social anxiety prior to becoming a participant in mental health court, and they expressed how the public aspect of the process increased their anxiety. For instance, Participant 6 stated, “Um, in all honesty I find it very anxiety provoking – having to come to court every two weeks in front of the judge and having all the other people listening to all of your mental health problems.” Participant 8 articulated a similar sentiment: “It’s kind of a Catch 22. You know, you want to show up and be compliant for court, but you don’t want to worry yourself so badly that you need more medication; otherwise it just defeats the purpose of being here.” Participant 10 was insightful about how the process affected his social anxiety:

I have social anxiety, it’s hard for me to be in a group full of strangers. I’ve gotten over that because I’m more used to being in that courtroom – but the first few months it was just tearing me apart. And there’s still some situations – like the weekend before – I stress about it usually Friday, Saturday, Sunday…report to court. Then I try to stay busy, but the time comes and I think something is going to happen. I think I’ll be embarrassed or something. It creates a lot of anxiety. A ton. My stomach gets all bloated – so that’s the only problems I’ve had – it really affects my anxiety.

Participant 8 explained how the anxiety has changed for him over time:

It was quite restricting when I first became a part of mental health court. And I wasn’t even sure what I was getting into. And then once I began to realize that it is not something that is necessarily going to cause me more problems or more restrictions – it’s actually quite an interesting process and still is. I started to develop a real fascination for it. For mental health and mental illness, and how the corrections system deals with mental health throughout the country. And especially since I’m in it personally. It’s been frustrating at times, and it has been pretty difficult for me, more than I thought it would be…Once you get used to it, it’s not as harsh as it felt in the beginning. I mean for me, I can’t really speak for other people…My anxiety level has gone way down… I had… personally I had a lot of issues with – well, it started out with just getting out into groups with a lot of people and wandering through the mall is one thing, but sitting through court
for two hours with 20-something other people and just waiting for your name to be called can be pretty frustrating. And you can tell that there are people just waiting to bolt through the door when they’re done – and I was one of them. I sit by the door just because that is where I want to sit – not because I want to get out of there anymore. I didn’t want to change – but it really forced me to – that part, whether they know it or not, is that has really helped me…And it’s opened up for public speaking. I do some volunteer stuff that is outside of mental health court, it’s really helped me in so many ways.

*Stigma and shame.* Many of the participants expressed a degree of embarrassment, and/or an increased feeling of being stigmatized or shamed. Participant 3 explained the fear and embarrassment she experienced: “At first I was terrified. I had never been in trouble before and it was so embarrassing too – it was horrible, especially when you have to stand up there and they read all of your charges, and they read everything that you took.” Participant 6 felt that he should not be lumped together with people who were functioning at a different level than he perceived himself to be:

It’s just the stress of having to show up continuously and, uh, see, like, I feel like I’m kind of grouped together with people that I am not in the same circumstances with – and I feel like when I’m in the court room, with them, and I’m judged by certain people, you know, who are facilitators in the program, it’s kind of, uh, I guess – I don’t know, it’s not a good feeling, but, uh. You know I have to complete the program, so I do…It’s not so much like I feel like I’m like them – it’s that I’m in the same group with them, and then I see the way the other people interact, and, because I’m in the same group, I think, “Well, am I like that other person?” I kind of have the feeling that we are all in this program – we are all, uh – you know – something’s wrong with us. It’s a stigma – I mean – there’s people who go up there and they probably have the mentality of a six-year-old and it’s just sad to see, and they go up there, and then you go up right after… and the judge obviously knows the different people and how well they are functioning and so forth. But, you know, you are right after that person, then they are after you. It’s just one after another.

Participant 12 described the embarrassment associated with mental illness and coming to terms with her disorder:

Um – I um, you know, in the beginning I was embarrassed to be in the mental health court because, you know, you can look a certain way and people don’t peg you right away like, “Oh look, there’s something wrong with her,” like being in
the mental health court – um… it was kind of embarrassing to me because I’ve always, since the onset of my problems in my early 20s – and before that I just thought that people with anxiety and depression were just weak people, you know, “just get over it,” that was my attitude towards it: “They just need to get over it. They just need to be stronger people.” But unfortunately – I’ve learned the hard way – that’s it’s not like that.

Experimental nature of the court. A few of the participants stated that they believed the kinks were still being ironed out in the system and that there were still some ambiguous expectations. Participant 6 tried to explain how he experienced the ambiguity:

I mean, just the program itself is just sort of a sea of ambiguity. It is like, okay – you’re in mental health court. What do you do? You know – what do you do? For each person. You obviously can’t do the same thing for each person. There needs to be more of a focus for each person. I don’t think they could do two separate courts – like separate into two groups – but uh – they just, uh – need to find a way to make it specifically focused for each person in the program.

Participant 8 also commented on the newness of the system: “It’s brand new, you know – only been running for two years. So that’s kind of like – we’re the crash test dummies – we’re the ones that they are working the kinks out with.”

On the other hand, Participant 11 appreciated the effort that went into developing the program:

I think that from my point of view that they really did their research and put it together and got it right to get it started. I don’t think there’s a whole lotta “rush into it and we’re going to play it by ear.” They put it together with a lotta planning and a lotta research, and you know, starting a new program, there’s always going to be few bumps along the road, but from my aspect, I have not come across anything that I would like to improve… I know that if I need a resource, they’ll make it available for me. They’ll bend over backwards and, you know, bail me out.

On sum, regarding the negative aspects related to participating in the mental health court, many participants expressed feeling increased stress or anxiety associated with the court process or fearing sanctions. Some of the participants experienced shame
or embarrassment related to being seen as a person who is different and who needs to attend a court for people with mental illness. A few of the participants expressed that because the mental health court system is relatively new, they felt that they were the ones that were being used to iron the kinks out with.

Overall, it seemed that the experience of being a participant in mental health court involved a process of initial anxiety and stress, the development of a meaningful relationship with one or more of the treatment team members, adjustment to structure and the experience of feeling cared for, and at some time, the development of an overall appreciation for the program.

Participants’ Views of Success

I asked participants a final question about their views on the nature of success in this context, “What would success be for you?” Most of the participants expressed that success would be meeting the terms of their probation and/or successfully completing probation. For example, Participant 1 stated, “Maintaining sobriety and no suicide attempts, staying out of the hospital. No violations.” Similarly, Participant 2 stated, “Well, I just want to finish my probation – so I don’t go back to jail. I don’t want that,” as did Participant 4: “Getting off probation and getting through the rest of the program in the mental health court, you know, and getting through it, you know – getting to graduate.” Participant 5 defined success as follows: “Getting off of probation. Starting and finishing my community service. Them helping me be the best person that I can be today, you know – guiding me and giving me tools to use for the rest of my life.” Participant 6 defined success as “just completing the program and staying off the drugs
and alcohol.” Participant 10 similarly stated that success would be “to get off probation; I want to get clean and sober, and I have no cravings.”

Some participants also expressed that, although they were still in the program, they believed they had reached success already. Participant 3 was somewhere between the two extremes, citing current success as well as a wish to graduate: “Um, I think I already have a lot of success, but I guess, like, to graduate from here. To have my probation terminated.” Participant 11 expressed feeling successful due to his decreased drug use and cravings:

Um, I feel like I’m at a point of success right now. I think I’ve fought an addiction to prescription pain medications for two years, which ultimately has led me here, um, to where I just had ankle surgery, and I am now three days away from being done with my post-surgical pain medication, and I don’t think about them, I don’t crave them, I don’t want them. You know, I’m taking them now because I have to, I don’t want to. I’m on a weaning dose instead of just stopping them. But, God, to walk out of the hospital with a prescription for 100 pain meds, and to not take even one pill outside of how it was prescribed… If I needed it… I feel I already have success you know. I’m just blown away by that.

Participant 12 expressed a feeling of success and accomplishment with a positive outlook for the future:

Um, I think for me I’ve already had some success. I think that I’ll really feel successful once I complete it. And that will just come with, um – I feel successful the more and more I – the more hours I spend at NAMI, not just because I am completing the community service, but it’s getting me out of the house and interacting with other people and, like, I’ve already told myself that after my community service hours are done – I don’t want that to be the end of my relationship with NAMI. I am definitely going to go on volunteering there. After my community service hours are up, I, um, there are a lot of things that I still want to do… with my life… and I think that maybe mental health court has brought me out of my shell a little bit, um, because I have been wanting to go back to college for years and years and years, and, um, you know, I know that it’s important to take baby steps. So when I graduate mental health court, I will feel like I completed a lot. Just by… it’s a huge accomplishment for me just to be meeting that commitment every Monday. That’s really huge for me, ’cause before – that was really something I didn’t think could be done. I couldn’t even imagine myself doing that.
Overall, the participants reported that success would mean some version of completing the program while complying with some of the specific requirements such as maintaining sobriety (alcohol or drug related), getting into or staying in school, staying involved in the community (whether that means continuing to volunteer or to obtain or maintain a job), or maintaining a lifestyle that does not include criminal activity.
Discussion

The goal of the present study was to gain an understanding of the experience of participants in the Washington County Mental Health Court. A qualitative design was utilized in order to reach this goal. In this discussion section I restate the original research questions, recap the results, compare the findings to previously reviewed literature, discuss strengths and limitations of the study, explore implications of the results, and propose a direction for future research.

The participants were asked to describe their experiences as participants in the mental health court and to describe what has affected their experiences. As follow-up questions or probes, they were also asked what the differences were between mental health court probation and traditional probation, what they would consider success and what would increase their chances of succeeding, what positive and negative feelings they had regarding their involvement in the mental health court, what they had learned, how they had changed, and what their experiences were regarding treatment team members. They were also asked why they chose to participate in mental health court instead of traditional court.

Recap of the Results

Participants in the Washington County Mental Health Court described their experience by explaining the perceived positive and negative aspects of the design of the court and by describing the positive and negative aspects regarding their individual responses to court participation. Overwhelmingly, participants described positive and life-changing experiences that they had had since becoming involved in the mental health
court. These descriptions included increased access to resources through frequent contact with treatment team members and individualized case management in a structured setting. Their positive individual responses included increased psychological stability and happiness, increased fulfillment and satisfaction in their interpersonal relationships, and behavioral and lifestyle changes that improved their quality of life. Most participants expressed gratitude for the opportunity to be involved and for the caring and respectful way they were treated by the judge, their probation officers, and their attorney.

Some concerns that participants voiced included the loss of privacy through discussion of personal information in a court setting, the belief that some of the sanctions were ironic given their diagnoses or symptoms, and a concern members of the treatment team did not always fully understand their diagnoses. The negative aspects related to their individual response included increased stress, anxiety, frustration and shame, which were typically described as occurring at the onset of their involvement in the mental health court.

Comparison to Previous Research

The structure of the Washington County Mental Health Court is similar to the common characteristics described by Redlich (2005); as noted earlier, Redlich identified five characteristics: (a) they are criminal courts with separate dockets that only include persons with mental illness; (b) they were developed in order to divert these defendants from jail to community treatment, (c) the defendants receive mandated and monitored community mental health treatment; (d) the courts work under the model of therapeutic jurisprudence meaning that they offer praise and incentives for compliance and sanctions for noncompliance; and (e) participation in the court is voluntary. According to one of the
probation officers in the Washington County Court (J. Simich, personal communication, September 8, 2008) the Washington County Mental Health Court is separate from the traditional court, it only includes people with a mental health diagnosis, it was developed in order to divert these offenders from jail and integrate them into the community, the participants are required to comply with mental health treatment, the court operates under the model of therapeutic jurisprudence, and participation is voluntary. Thus, the Washington County Mental Health Court demonstrates all five of the common characteristics identified by Redlich.

One concern that has been raised by some authors about mental health courts was the participants’ ability to competently proceed (Stafford & Wygant, 2005). Specifically, they were concerned about participants’ ability to weigh the likely sentence and probationary period associated with conviction, understand the coercion associated with mandated treatment, understand that there may be pretrial sanctions for noncompliance, consider whether they have the right to withdraw from participation without prejudice, know if the charges will be dismissed upon successful completion of the program, and know the limitations to the rights of privacy and privilege that usually apply to mental health treatment. Regarding competency, the Washington County Mental Health Court follows a post-adjudication model, and thus any issues of competency have already been resolved in the trial or plea agreement phases; that is, if they have reached this point they have already been considered or found competent to stand trial. Thus, the standard definition of competency may be more of an issue in a program that follows a pre-adjudication model. However, it is still conceivable that a participant may not be competent to work within the mental health court processes. As in any situation in which
competency plays a role, the issue can be raised and addressed at any time. In addition; regarding the specific facets of competency and informed consent raised above (ability to weigh the likely sentence and probationary period associated with conviction, understand the coercion associated with mandated treatment, understand that there may be pretrial sanctions for noncompliance, consider whether they have the right to withdraw from participation without prejudice, know if the charges will be dismissed upon successful completion of the program, and know the limitations to the rights of privacy and privilege that usually apply to mental health treatment), it is my understanding that in Washington County Mental Health Court, the participants receive and sign a contract that details the specific requirements of the mental health court upon their initial meeting with the judge. The defense attorney is present at this meeting, and the details are put into terms that each participant can understand in order to ensure effective communication (J. Simich, personal communication, September 8, 2008). Participant 5’s view of this process was stated as:

I went to jail across the street and I was there for 28 days. And it was there that there was a mental health worker – she’s the one that said that when I get out I was to go see Joe Simich….That was through Rebecca Blaney – the public defender’s office, and you would be crazy to not want the help and support that you get here. Yeah, she broke it up piece by piece and I made the decision on my own. I have some trouble with comprehension and what I read, so she helped me go through it all. Took the time to go through each little thing in that contract to be in the mental health court and I thought it was the perfect program for someone like me.

In comparing the results to recidivism data in the literature, the only possible comparisons are anecdotal ones because no data on recidivism were collected in the current study. Some examples of the participants’ opinions about the court’s ability to help them refrain from committing crimes can be found in Category 2 (Individual Responses to Court Participation), Theme 1 (Positive Aspects), subtheme 2 (Behavioral
Specifically, Participants 5 and 7 both reported that they did not steal anymore and that they did not break the law. Participant 9 stated that if it were not for the program he would have committed more crimes. Other participants stated that they have matured and changed their ideas about criminal activity, for instance, Participant 2 reported:

“I’d say I’m more mature now…Before I was immature, I just didn’t care, and I had a theory that I was not going to get caught, so I would just do things and think that I was not going to get caught….Well, I’ve changed my theory. My theory now is that I need to stay out of trouble, and stay clean, and stay on the right path, and make sure that I don’t have the mentality that I won’t get caught, because I don’t want to go back to jail.

Others defined success as not committing any more crimes. When asked what success would be, Participant 5 stated, “Not to break the law. To want to better myself and get through this. To not let the judge and Joe down. To show them that I can do this. That I can do it.”

Another way that effectiveness has been measured is through increased mental health treatment and reduced symptomatology. Boothroyd et al. (2005) found that defendants who enroll in mental health court may be linked to mental health court more often than those who choose traditional court, but that does not necessarily mean that they will show a reduction in symptomatology. In contrast, the current study supports the idea that participants in mental health court were not only linked to more mental health services than they were before they became involved, but they also experienced a decrease in the frequency and intensity of their symptoms. Many participants reported being involved in therapy before their involvement in the program, but many also reported increased compliance in attending therapy and maintaining a consistent medication regimen after they entered mental health court. Participant 1 described how
she had become more linked to mental health services since she began the mental health court:

Before I was in mental health court, I refused to go to any mental health agencies. Um, then also in the house that I live in you have to go to some sort of meetings and providers. So – I don’t think that I would have gone to counseling or continued to take medication.

Participant 3 talked about accepting that she has to take her medication:

Um, that it’s ok to have a mental illness. That it’s not like, uh – you know I used to just try to ignore it. I didn’t take any medication; I used to think that it was pointless. I think I finally got on the right medication, and I think that coming here had a lot to do with that. Because I cannot not take my medication, because that would be a violation of my probation.

Several participants described decreased mental health symptoms. For example, Participant 5 explained a shift in the way she interpreted auditory hallucinations: “I’ve been really good, not as much paranoia. They call it hearing voices, I call it hearing people – but since I didn’t hear them for a while, I guess they might just be voices.”

Participant 11 described coming to recognize the ups and downs that accompany bipolar disorder:

Now, I’m night and day more able to identify what I’m going through; if I’m leaning toward a depressing trend or a manic trend. If I’m feeling antsy, I’m now more able to recognize it before it gets to a bad point. And to, um, adjust my behavior, or to make sure that I’m taking all of my medications. Doing everything that I need to be doing. It’s just made me more acutely aware of what I’m experiencing or dealing with.

Some of the other participants acknowledged increased acceptance of their own and other’s mental illnesses. Participant 12 talked about coming to terms with her mental illness: “Just, being there and being around other people even outside of mental health court, reinforced to me that, okay, maybe I can be okay with it. I may not be able to be like I was before, but I might still be okay.”
When examining issues related to the mechanisms of change related to the success of mental health courts, Fisler (2005) proposed (based on her experience and prior evaluations of mental health courts) that trust was a major component. She stated that there needed to be trust between the judge, the prosecutor, the defense attorneys, and the court clinical staff; the court and its community partners; and most, importantly, between the participants and the court. After interviewing participants in the Washington County Mental Health Court and observing the proceedings a number of times, it is apparent that the Washington County Mental Health Court is a fine example of trust between court and participant. For example, although several participants had struggled with the adversarial nature of a traditional court system, they explained that it did not take long for them to learn that the mental health court operated in a much more cooperative and supportive manner than traditional court does. They expressed trusting their probation officers enough to be open and honest with them about their symptoms, their struggles, and even their temptations regarding drug use. Many were able to articulate that, even if they received sanctions from the judge, they believed he was enforcing that sanction for the participant’s own good.

Wales et al. (2010) proposed that the judge played a key role in determining the outcomes of the participants in mental health court. They found that elements that were particularly influential were (a) the participant’s perceived influence in the development of his or her own treatment plan, (b) the validation that the participant received from members of the court, (c) how fair the participants believed the court’s decisions were, and (d) the perceived beneficence of members of the court. The current results are similar to these findings in that the participants expressed that most of the decisions seemed fair,
the judge and the probation officers listened to them and cared about them, and the court personnel were good people. In addition, Wales et al. found that the participants had overwhelmingly good things to say about the mental health court and few negative things to say, as was also evident in the current study.

Using shame in a way that shows disapproval of the behavior and not the person has also been identified as a mechanism for change (Ray et al. 2011). Although no quantitative observation techniques were utilized during the current study, anecdotally I can say that I frequently observed respectful interactions between the judge and the participants, as well as expressions of disapproval of deviant behaviors and not of deviant people. The judge frequently expressed his faith that they had the ability to succeed.

**Strengths and Limitations of the Current Study**

This study was designed as an exploratory qualitative study, with no a priori hypotheses. One resulting strength is that this approach allowed for the voice of the participants to come through rather than the voice or ideas of the researcher. Another strength is that this study contributes to an understanding of mental health courts from the participants’ perspective, which is a rare and valuable contribution to the literature.

The diversity of the sample could be seen as either a strength or a limitation. The sample was fairly diverse in terms of gender, ethnic identity, diagnoses, and criminal background. A strength is that the results may thus be transferable to a diverse population. A possible limitation is that the diversity of the sample may have led to more variety of experience and thus less commonality in the responses. However, many of the experiences expressed by the participants were very similar across participants.
The results may not be transferable to other geographic locations or populations because it was a relatively small sample size, with participants self-selecting to participate. Another related limitation is that the characteristics and views of the 10 participants who did not participate in the study are unknown. It could be that their experience is different from those who did participate. For example, it is possible that these participants chose to participate in this study did so primarily because of their positive experience, whereas the ones who did not participate did not do so because they had a more negative experience. Finally, there was no comparison group of participants in the traditional court system.

**Implications of the Current Study**

The results of this study indicate that the way members of the court interact with participants maybe just as important as are providing resources and linking participants with mental health care. It appears that the people who were members of the court at the time of this study treated the participants in a way that encouraged trust and openness while maintaining boundaries and consistency. It may be worthwhile to bring this up to any new members of the court or the treatment team.

Overall, the responses overwhelmingly indicated that the participants were satisfied with the mental health court experience. It appears that this has been a positive and useful means of assisting offenders with mental illness in Washington County.

**Directions for Future Research**

The current study revealed that there were many positive things that the participants had to say about their involvement in the mental health court. Many have made behavioral changes in their lives that have led to a less criminal lifestyle. An
effectiveness study that compares arrest records for the participants 1 to 2 years prior to involvement with the mental health court to arrest records 1 to 2 years after involvement with (or graduation from) mental health court may strengthen the validity of the claim of effectiveness. Alternatively or simultaneously, recidivism rates could be compared to participants in traditional courts.

When looking at those who are arrested even after their involvement with mental health court, it may be helpful to perform a qualitative examination in order to pinpoint participants’ ideas regarding why they recidivated; that information may be helpful in the future for the purpose of further reducing recidivism.

Researchers have started to focus in on the mechanisms for change in mental health courts, including Fisler’s (2005) study, which examined the issue of trust; Wales et al.’s study (2010), which focused on the participants’ perceived voice (i.e., having influence in decision-making), validation, fairness, and beneficence; and Ray et al’s study (2011), which compared the use of stigmatizing shame versus reintegrative shame. Once the most effective mechanisms for change are identified, then the existing courts can make subtle changes in order to see if they can improve the efficiency. If members of various courts could collect the same sorts of data and define recidivism in a consistent manner, it would aid in the ease of comparison between courts or between studies of those courts.

**Conclusion**

The purpose of the current study was to shed light on the experience of the participants in the Washington County Mental Health Court. The reported experiences of the participants are consistent with the current literature in that it appears to be effective
for this population, at least in the participants’ eyes. Consistent with some of the most current literature, it seems that the court process itself may have therapeutic effects on the participants. Future researchers studying mental health courts may want to focus on pinpointing the most effective mechanisms of change in order to improve efficiency and to evaluate the structure of the most effective courts for improved ease, reliability, and validity of comparisons among these courts.
References


Appendix A
1. Study Title

A Phenomenological Exploration of the Experience of Participants in the Washington County Mental Health Court.

2. Study Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Program</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy M. Schlapper</td>
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</tr>
</tbody>
</table>

3. Study Location and Dates

The study is expected to begin in December 2008 and to be completed by July 2009. The interview will take place at the Washington County Court House.

4. Study Invitation and Purpose

You are being asked to participate in a 30-60 minute interview consisting of approximately 3-5 open ended questions and possibly several sub-questions, which focus on your experience as a mental health court participant. The researcher is a student at Pacific University.

5. Study Materials and Procedures

In addition to the interview, you will be asked to fill out a form that tells me a little more about yourself, including job status, ethnicity, gender, marital status, education level, diagnosis, mental health history, and legal history. This form will not have...
your name on it, and it will be kept separate from your recorded and written interview.

6. Participant Characteristics and Exclusionary Criteria

In order to talk to the researcher, you must have been involved with the mental health court for at least 2 months and you cannot currently be incarcerated.

7. Anticipated Risks and Steps Taken to Avoid Them

If you talk to the researcher, you could feel uncomfortable because of some of the questions. If you are uncomfortable with any question, you do not have to answer it. You can stop answering questions at any time without getting in trouble. Your decision to participate will not help or hurt your relationship or status with the mental health court.

8. Anticipated Direct Benefits to Participants

There are no benefits for being a part of this study.

9. Clinical Alternatives (i.e., alternative to the proposed procedure) that may be advantageous to participants

N/A.

10. Participant Payment

You will not get any money if you agree to talk with the researcher.

11. Medical Care and Compensation In the Event of Accidental Injury

During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete psychological care as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

12. Adverse Event Reporting Plan

If you become very upset during the interview, you will be referred to your treatment provider for help. If you are so upset that you require treatment, you are asked to contact the faculty advisor at the top of this form, and the Institutional Review Board (503-352-2112).

13. Promise of Privacy
The things that you say to the researcher will be kept private. The things you say will be recorded. The recording will be kept by the researcher in a locked place. The recording will be erased after it has been typed into the researchers’ computer. Your name will not be used with your information. Information that could let others know who you are will not be used in the write-up. Your whole interview will not be used in the final paper. No one but the researcher and faculty advisors will be able to see your whole interview.

This form will be kept separately from your interview. If this study is presented or published, information that would make it possible to know who you are will not be included. All information from this study will be kept in a locked place for at least 7 years after the study is done.

There are some limits to the things that the researcher can keep private. The researcher may have to break confidentiality if she believes that you are going to hurt yourself or someone else. She also may have to tell someone if you admit to abusing a child, an elderly person, or a disabled person.

14. Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with Pacific University. Your decision to participate will not help or hurt your relationship or status with the mental health court. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences.

15. Contacts and Questions

The researcher(s) will be happy to answer any questions you may have at any time during the course of the study. Complete contact information for the researchers is noted on the first page of this form. Because the study in question is a student project, please feel free to contact the faculty advisor. If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352 – 2112 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

16. Statement of Consent

I have read and understand the above. All my questions have been answered. I am 18 years of age or over and agree to participate in the study. I have been offered a copy of this form to keep for my records.

Participant’s Signature
Date
17. Participant contact information

This contact information is required in case any issues arise with the study and participants need to be notified and/or to provide participants with the results of the study if they wish.

Would you like to have a summary of the results after the study is completed?  ___Yes  ____No

Participant’s name: (Please Print) ________________________
Street address: ________________________
Telephone: ________________________
Email: ________________________
Demographics form

Sex/Gender: Male ☐ Female ☐ Other ☐

Age: ______________

Ethnic Identity/Background:
☐ Multi-ethnic/racial
☐ Asian American
☐ Pacific Islander
☐ Chicano/Latino/Hispanic
☐ African American, Non-Hispanic
☐ Euro American/Caucasian, Non-Hispanic
☐ American Indian/Alaskan Native
☐ Other __________________________
☐ International
☐ Decline to Respond

Relationship Status:
☐ Single/Non-Partnered
☐ Significant Relationship
☐ Married/Life Partner
☐ Separated
☐ Divorced
☐ Other __________________________
☐ Decline to Respond

Are You Employed?
☐ Yes
☐ No

Number of Hours Employed Per Week:
☐ 1-5
☐ 6-10
☐ 11-15
☐ 16-20
☐ more than 20

Do you have a current mental health diagnosis?
☐ Yes (current diagnosis)______________________________
☐ No
What is the highest level of education you have completed?
☐ Some high school
☐ High school diploma/GED
☐ Some college
☐ College degree

Have you been on traditional probation before?
☐ Yes
☐ No

What is your current charge?____________________________