



Nova Scotia Mental Health Court Report

**Celebrating 5 Years
November 2014**

Mental Health Court Report

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Mental Health Court Report

Mission Statement

The Nova Scotia Mental Health Court works with people with mental disorders who are in conflict with the law. The Court's mission is to help them connect to services, develop rehabilitation plans, and improve their well-being and living situations in order to decrease their likelihood of reoffending. The Nova Scotia Mental Health Court also weighs the potential risk of harm to the public in all decisions from eligibility through rehabilitation planning.

Acknowledgements

The creation of the Nova Scotia Mental Health Court (NS MHC) is credited to early stakeholders who were consulted at length. They were not only government agencies but community partners as well, all who shared a common purpose; to help people with mental health disorders. A Steering Committee was assembled which included representatives from the Public Prosecution Service of Canada, the Public Prosecution Service of Nova Scotia, Nova Scotia Legal Aid, the Department of Health and Wellness, the Department of Community Services, the Royal Canadian Mounted Police, the Halifax Regional Police, Municipal Police Chiefs, the Nova Scotia Department of Justice, and the Nova Scotia Judiciary.

The Implementation Committee, which met diligently for a full year in advance of the Court's opening, consisted of people from groups listed above as well as others from the Capital District Health Authority (CHDA) [East Coast Forensic Hospital (ECFH), Recovery and Integration Services, Mental Health Mobile Crisis, Addiction Prevention Treatment Services], the IWK Children's Centre, and Probation Services. They were guided by the hard work of the NS MHC Team members who eventually saw the Court through its infancy.

This report would be remiss if it did not also mention the dedicated creative individuals who have also often worked tirelessly; Judith A. McPhee Q.C. - former Executive Director of Policy and Information Management at the Department of Justice, Dorothy Edem - Program Leader with CDHA, Dr. Scott Theriault - Clinical Director at the CDHA Department Of Psychiatry, Dr. Aileen Brunet - Clinical Director at the East Coast Forensic Hospital, Dr. Brad Kelln - Forensic Psychologist with ECFH, and the foot soldiers of the Court, Bill Duncan - former Probation Officer, Cathy Stevens - Social Worker, MHC Team Leader, Beverley States - Psychiatric Nurse, Adrian Reid - former Crown Attorney, Terri Lipton - Crown Attorney, Kelly Rowlett - Defence Counsel, Charmaine Misner - Administration Assistant, and various Court Clerks.

Without the vision of members of the Judiciary, who saw the need and pressed to address it, this problem-solving court would not exist. Special thanks go to retired Judge Bill MacDonald and the current Judge of the NS MHC, Chief Judge Pam Williams.

Finally, the Court would like to acknowledge all of its community partners. It is their support, knowledge, and expertise that enables the Nova Scotia Mental Health Court to function as effectively as it does.

Such collaboration is unprecedented in this province's judicial history and illustrates how agencies and groups can put aside their individual mandates and work towards a common goal.

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Executive Summary

The purpose of this report is to provide an update on the activities of the Nova Scotia Mental Health Court (NS MHC) since its creation in November 2009. The Court serves individuals with serious mental illness who have been charged with criminal offences.

Highlights of the four-year period, 2010 to 2013:

- 687 individuals were referred to the Court.
- 232 people (34%) were deemed eligible to participate in the program.
- 199 participants (86%) successfully completed the program and graduated.
- The majority of the people referred were men (67%).
- The age range for all the people referred was 18 to 86 years of age.
- 38% of those referred were 18 to 30 years of age.
- The most common diagnosis was schizophrenia for men and bipolar disorder or major depression for women.
- Criminal offences, faced by the people who were referred, varied widely from fairly minor mischief, theft, and breach offences to more serious charges involving assaults, weapons, and threats.
- The Court helped to connect and/or re-connect participants with mental health services and community support agencies.
- Each participant who completed the program reported satisfaction with it and noticeable positive change in their lives.
- The NS MHC Team developed positive working relationships with key community partners and government agencies related to mental health and addictions, housing, income assistance, employment, education, vocational training, policing, and victim services.
- Team members provided, on a regular basis, a variety of public education sessions. In addition they have attended and presented at local conferences relating to the operation of the Court.
- Observers were permitted to attend court proceedings and pre-court meetings (under confidentiality agreements).

The NS MHC Team is very proud of all the participants who completed the program. We wish them continued success in keeping their lives on track. For those who entered but did not complete the program, we hope exposure to it has provided some insight and understanding that will benefit them.

The Court has partnered with Dr. Mary Ann Campbell of the University of New Brunswick - Saint John Campus to conduct a formal evaluation of the program. A final evaluation report is expected by the end of 2014.

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Introduction

On Thursday November 5, 2009, the Nova Scotia Mental Health Court (NS MHC) opened its doors with an inaugural docket of five people. After five years of operation, the scene is considerably more hectic than in those early days. In recent months, many more people, including the accused, family members, friends, professional support people, and Mental Health Court staff, crowd Courtroom #5 in Dartmouth every Thursday afternoon. Anywhere from 20 to 50 people who have been referred appear before the Court each week.

Specialty courts like the Nova Scotia Mental Health Court are a somewhat new and innovative response to working with unique segments of our population. However, they have existed in the United States for some time. In Canada, mental health courts began to appear in the late 1990's.

There has been a growing recognition, in many areas of healthcare, community service, and justice, that the systems we work in don't always need to work harder to produce better results; sometimes they just need to work differently. That is what the NS MHC aims to do. The traditional criminal justice system is ill-equipped to deal with individuals with significant mental health concerns – concerns that are directly related to the criminal charges that bring them to court. The NS MHC was created to address this very issue.

There is no standard formula for designing a mental health court program. In fact, there is wide variance across the country, largely to do with available resources. However, two common themes consistently emerge; the need for collaboration and the ability to solve problems. This is in stark contrast to the traditional adversarial approach of regular courts.

Collaborative and creative problem-solving are central to the work of this Court. The "Team" is made up of dedicated people, from the fields of justice as well as mental health and addictions, who work closely with the East Coast Forensic Hospital (which lends additional resources).

The Mental Health Court program is voluntary; a participant can choose to leave it and return to the regular court system at any point in the process. The NS MHC Team may also decide to return a participant to regular court if he or she is not prepared to follow his or her support plan. In either case, the details of the participant's involvement with the Court remain confidential.

To become a participant in the Mental Health Court program, a person must be charged with a criminal offence and must either reside in the Halifax Regional Municipality or be connected with mental health service providers in the area. All participants have legal representation, primarily through Nova Scotia Legal Aid. Referrals to the program can come from many sources.

Responsibility and accountability are important cornerstones of the Court, and while a guilty plea is not always required, participants must accept responsibility for their offence. A screening assessment is completed by the NS MHC Team to ensure participants meet the eligibility criteria. An individualized support plan is then developed to address each person's particular needs and circumstances, and they must voluntarily agree to follow it.

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Linking or re-connecting people with community agencies, such as Mental Health Services and Addiction Services, is an important function of the Court. Another unique feature is the frequent reappearances in court, or “check-ins”. For many participants, a check-in occurs weekly or bi-weekly, and while this may seem onerous to some, others are often anxious to update the Judge on their recent accomplishments. Often participants have certificates from newly completed programs to show the Judge, or they may simply want to provide details on a new job or recent appointments.

Eventually the time comes when a participant is ready to leave the program. “Graduation”, as it is referred to, is marked by a small ceremony in which a participant is personally presented a card by the Judge on behalf of the NS MHC Team. For many, this means the charges that brought them to the Mental Health Court are withdrawn by the Crown. For others, it signifies the completion of a community-based sentence.

Creation of the Nova Scotia Mental Health Court

The NS MHC began in a very different form. It started as a ‘think tank’ of sorts, involving representatives from the Department of Justice, Capital District Health Authority, the Public Prosecution Service, and Nova Scotia Legal Aid. They all felt that an accused person with mental illness needs to be dealt with differently. At the time, a diversion program was being investigated and discussed at length. Then, a change in government and a heightened public awareness of the needs and vulnerabilities of people with mental illness (involved in the criminal justice system) led to the idea of a Mental Health Court.

Initially, a Steering Committee comprised of the Judiciary and representatives from many government agencies including Community Corrections, the Public Prosecution Service, Nova Scotia Legal Aid, the Department of Justice, and the Capital District Health Authority met to discuss the Mental Health Court idea. A number of those agencies designated “point people” who had the needed expertise to create the framework for such a court. Together with members of the Steering Committee, they formed an Implementation Committee. Eventually, these point people took the lead in the creation of the NS MHC program and formed the nucleus of the NS MHC Team which administers the program and runs the Court.

Operation of the Court

The goal of the NS MHC is to treat Nova Scotians with mental disorders who commit criminal offences with fairness and compassion while helping them improve their mental health and thereby reduce their risk to public safety. Each participant works with one or more NS MHC Team member to identify areas of need or concern and to prepare a plan of support, among other things. The Court monitors the progress of individuals; all the while holding them accountable for their crime. The way in which an individual is held responsible varies depending on the circumstances of the person and the offence. In many cases people are expected to admit responsibility for their crime and agree to comply with the requirements of the program. In some instances a participant may be required to enter a guilty plea prior to admission to the program. In select cases, the NS MHC Team accepts participants after sentencing and follows them in the community until completion of the sentence.

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People Referred to the NS MHC:

Over a four-year period (2010 to 2013) there were 687 people, ranging in age from 18 to 86 years, referred to the Mental Health Court.

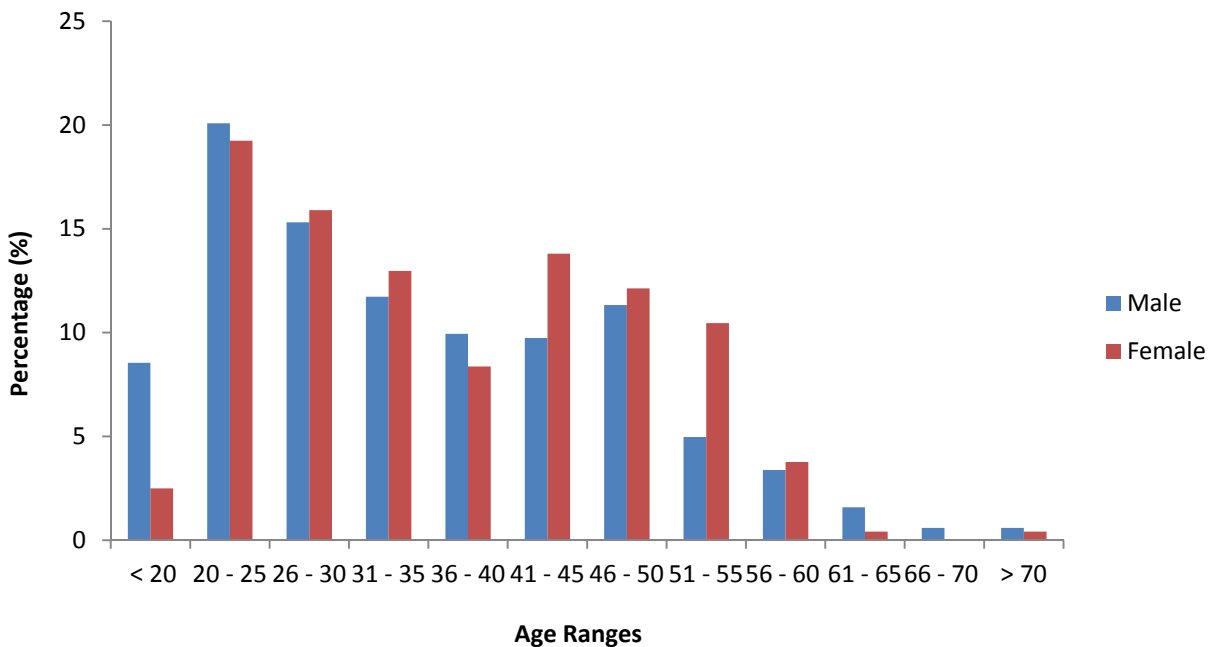
Table 1 shows the number of people referred and how many were deemed eligible, by gender.

Table 1: Referrals and Eligibility

	Referrals	% Of Total	Eligible	% Of M/W
Men	463	67.4%	155	33.5%
Women	224	32.6%	77	34.4%
Total	687		232	

Figure 1 sets out the age ranges of people referred, by gender. One third of the people referred were deemed eligible to participate. More men than women were referred to the Court (and were eligible to participate in the program) but the admission rates (by percentage) for men and women were similar (men = 33.5% women = 34.4%).

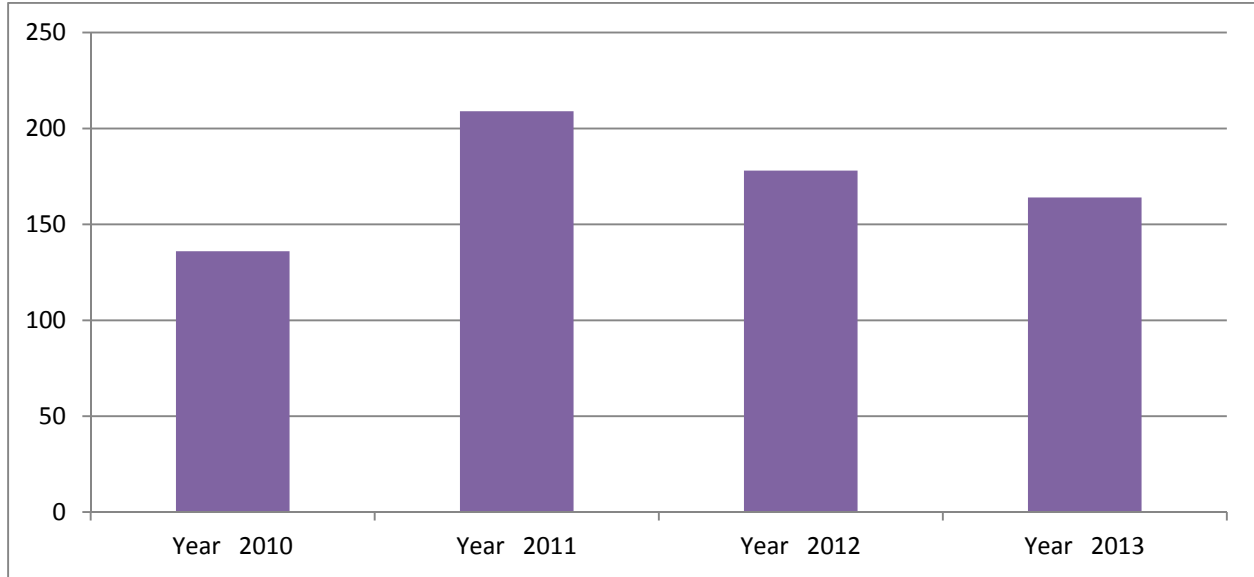
Figure 1: Age Ranges by Gender



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The Court's highest number of yearly referrals (209) was recorded in 2011 but the number of referrals has been consistent overall. See **Figure 2** below.

Figure 2: Referrals by Year



Criteria for Eligibility:

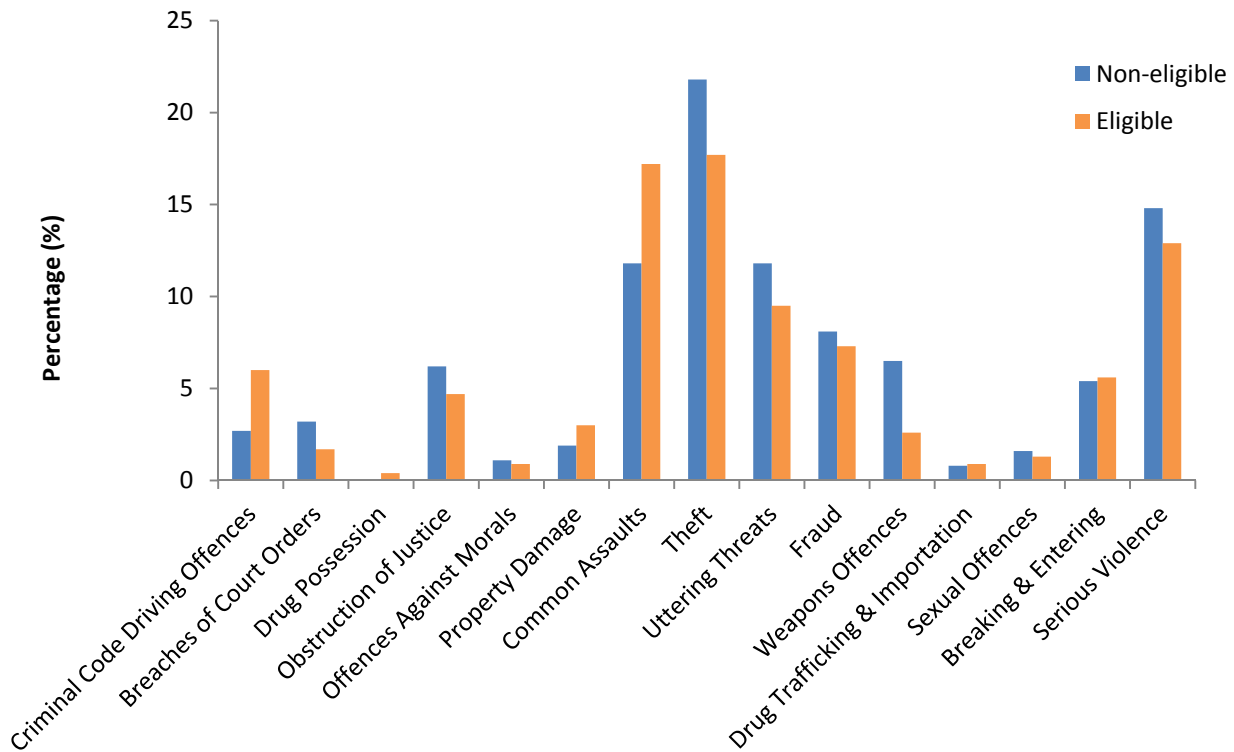
The Nova Scotia Mental Health Court requires that people accepted into the program meet certain legal and medical criteria:

Eligibility Criterion #1: Criminal Offence - The person is charged with an offence under the *Criminal Code of Canada* or the *Controlled Drugs and Substances Act* and the charge(s) are within the jurisdiction of the Provincial Court. Either the offence(s) must have occurred in the Halifax Regional Municipality (HRM) or the case has been transferred there from another area of the Province because the person has a substantial connection to the HRM (he/she lives in HRM or has treatment providers in HRM). In the opinion of the Crown Attorney, there must also be a reasonable prospect of conviction if the matter were to proceed to trial.

All together, the people referred to the Court during the four-year period of 2010 to 2013 faced a total of 3,736 charges. Each person referred, faced an average of five charges. The types of charges varied from minor property related offences to offences of violence. **Figure 3** (next page) indicates, in percentages, the most serious offences over the four-year period. It also shows the percentage of eligible offences (in gold) and the percentage of ineligible offences (in blue). The chart supports the premise that the Nova Scotia Mental Health Court is “offender-based” and not “offence-based”. In other words, the type of offence does not, in and of itself, determine eligibility. Rather, admission to the program is based on the full set of criteria.

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Figure 3: Most Serious Offence



As the graph above indicates, a wide variety of offences were referred to the Court. While theft made up a large percentage, a significant number of violent offences (common assault, threats, and serious violence) were referred as well.

Before a person is invited to participate in the Court’s program the NS MHC Team must agree that the risk presented to the public can be managed in the community. At times, the forensic psychologist on the Team is asked to prepare a formal risk assessment on the individual to help inform that decision.

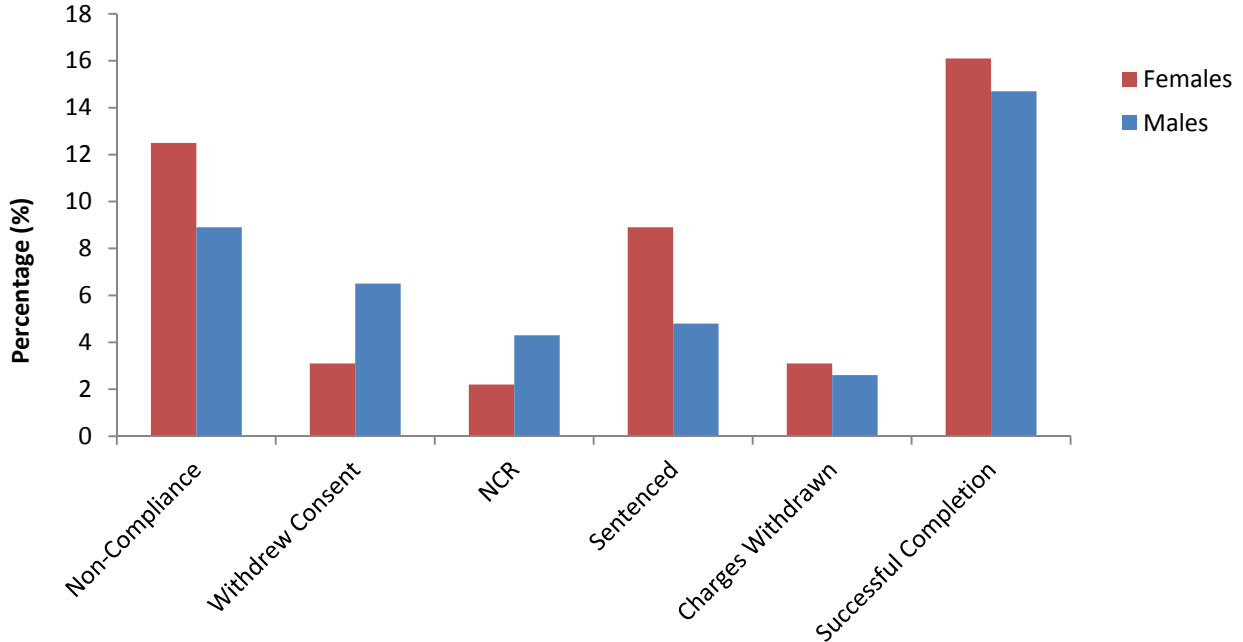
The Court dealt with more than 1,333 charges faced by people who were deemed eligible to participate in the program during the four-year period. In some instances the Crown withdrew charges after the participant successfully completed the program. In others, the Crown withdrew charges after the person only partially completed the program. In yet others, the Court imposed a sentence or made a finding of ‘Not Criminally Responsible’ (NCR) by reason of mental disorder.

A number of participants were returned to the regular court to deal with their charges. Some were returned because they no longer wished to participate in the program. Others were returned because they failed to comply with the expectations of the Court.

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Figure 4 provides an overview of the reasons why participation in the program ended.

Figure 4: Reasons Why Participation in Program Ended

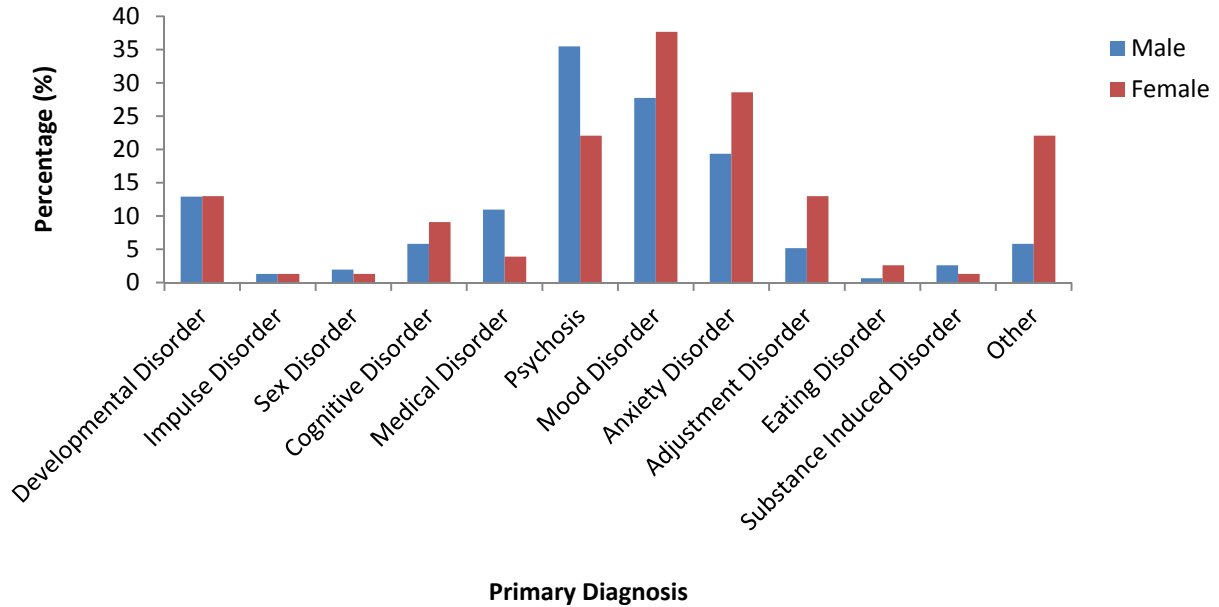


Eligibility Criterion #2: Mental Disorder – The person has a mental disorder defined as a recognized, serious, and persistent mental illness. Examples of serious and persistent mental illnesses include schizophrenia or other psychotic disorders, bi-polar disorders, major depression, or other mental illnesses that affect or impair judgment. The Court also considers individuals with developmental delay, or organic (acquired) brain injury or head trauma, on a case-by-case basis. Also considered are individuals with concurring mental health and substance abuse disorders if the mental disorder is the primary disorder.

Figure 5 (next page) shows the primary diagnosis of the women and men accepted into the NS MHC program during the four-year period. The most common diagnosis was psychosis (mostly schizophrenia) for men and mood disorder (bipolar disorder or major depression) for women. The “other” category includes disorders such as Borderline Personality Disorder which is not usually considered a major mental disorder under the eligibility criteria. However, in exceptional cases, the NS MHC Team agrees that people with such a disorder are best served by this Court because the complexity and seriousness of their disorder requires therapeutic and problem-solving approaches.

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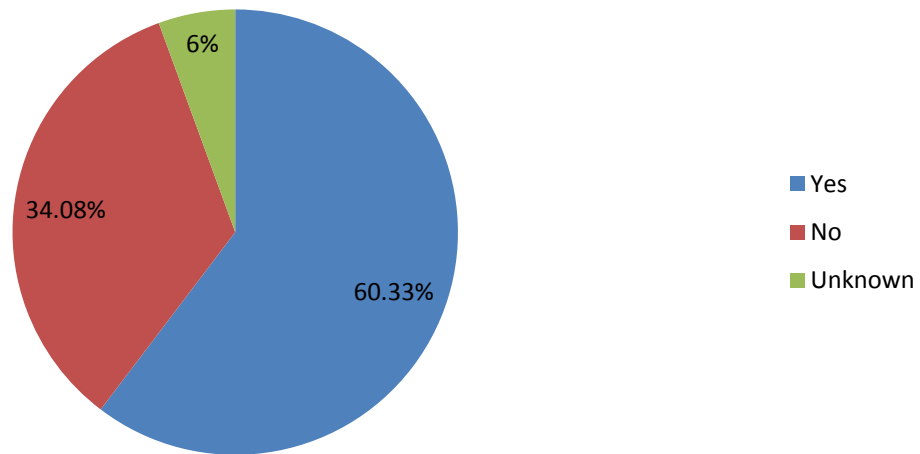
Figure 5: Primary Diagnosis for Men and Women Accepted into the NS MHC



Many of the people referred to the Court have both mental health disorders and substance abuse problems. There are those who abuse or have abused more than one substance. For some, substance abuse has been a contributing factor to the onset of psychosis. For others it is a problem that interferes with maintaining stable mental health and overall wellbeing.

Figure 6 (below) indicates that close to two-thirds struggle with known substance abuse or dependency. In many instances, they said they were “self-medicating” with substances. In the early days, a portion of the “Unknown” 6% may have also had substance abuse issues but the Court was not aware of it because compulsory urine testing had not yet been implemented.

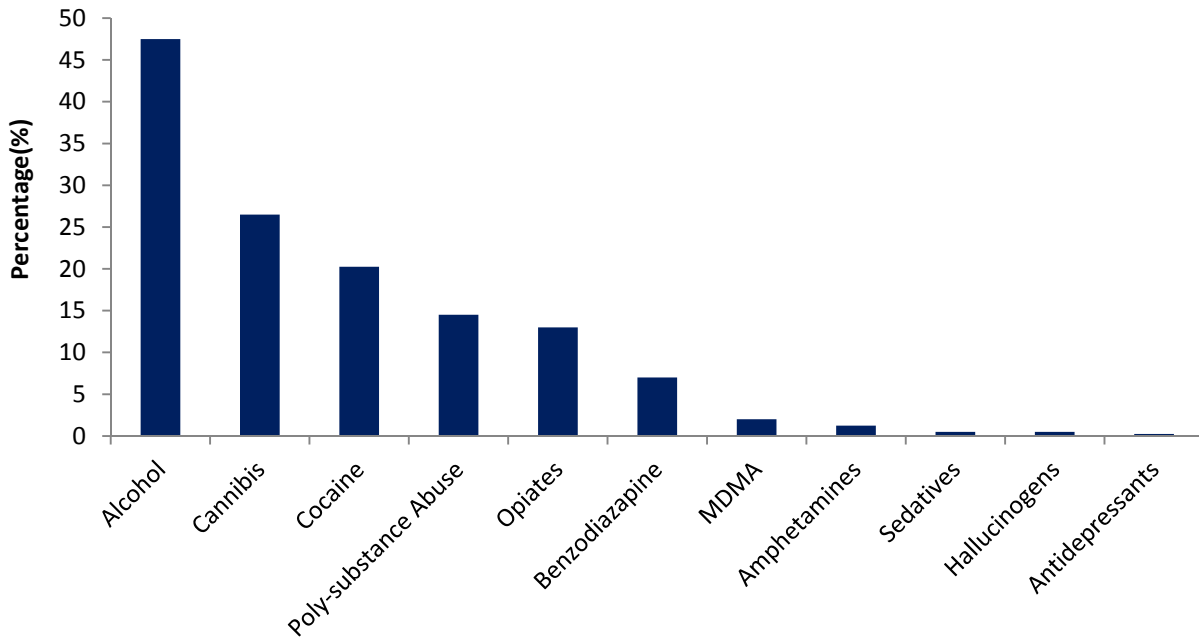
Figure 6: Percentage of People with Substance Issues Referred



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Figure 7 (below) sets out the various types of substances being abused by people who are deemed eligible to participate in the NS MHC program. Alcohol is the most commonly abused.

Figure 7: Types of Substances Abused



Early on it became apparent that the Court lacked the expertise to determine whether illness or substance abuse/dependency was the primary factor leading to the criminal behaviour. It had no means of knowing whether prescribed medication was being taken according to a doctor's direction. And there was no way of knowing if non-prescribed substances were being used.

Even when this information was available, the Court did not have the expertise to develop a plan of support related to treating the habit or addiction. There was a crucial need for an addictions specialist to join the NS MHC Team. Officials at the Capital Health Addictions and Mental Health Program (CHAMHP) stepped in and provided in-kind support by offering the services of an addictions worker to the Team on a part-time basis. For this, the Court is most grateful.

Eligibility Criterion #3: Illness Related to Offence - There must be a connection between the criminal act or behaviour and the mental disorder. In other words, there is a reasonable probability the mental illness played a significant role in the commission of the offence(s).

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Eligibility Criterion #4: Voluntary Participation - The person referred to the Court must voluntarily undergo a screening assessment to determine whether a mental disorder exists and what, if any, effect the disorder had in the commission of the offence(s). Anyone accepted into the program must voluntarily agree to follow conditions imposed by the Court and the treatment recommendations of the Team and care providers.

Eligibility Criterion #5: Acknowledge Responsibility - The person must acknowledge responsibility for the act or omission that forms the basis for the offence(s) alleged to have occurred.

Eligibility Criterion #6: Crown Consent - The Crown Attorney for the Court must consent to the participation of the accused.

Additionally, the Team considers whether the Court, given the available resources, can manage the individual in the community without presenting a significant risk to the public.

Ineligible or Non-participating Individuals

So what happens to those who are not eligible or choose not to participate in the program?

In the beginning it was determined that those who did not meet the legal and medical criteria for admission into the program would have their charges returned to the regular criminal court system. The same was true for those who chose not to participate in the program despite being eligible.

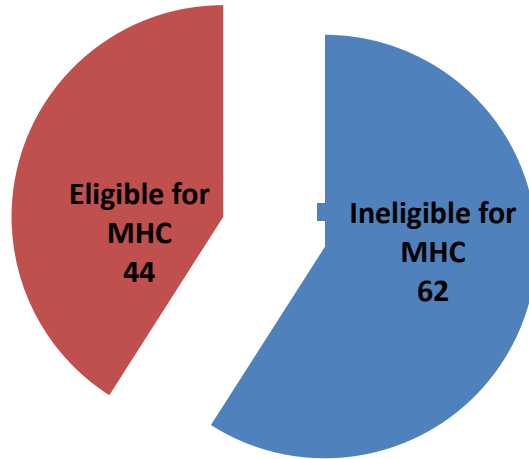
As time went on, it became apparent that many individuals just wanted to resolve their matters by pleading guilty and being sentenced in the regular court system. But returning them to regular court, which sometimes involves several courtrooms and different court dates, was not the best solution. It could be time consuming, confusing, and stressful for them.

The NS MHC Team's response was to provide individuals the option to resolve their matters in the Mental Health Court if agreement could be reached on charges and sentencing.

Figure 8 (next page) indicates that more than 100 people chose this route. Not only were the individuals better served (the sentencing process was timely and took into consideration their mental health or addiction issues), the regular criminal court system was also relieved of a portion of its heavy workload.

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Figure 8: Number of Eligible and Ineligible Referrals Sentenced In NS MHC



Nova Scotia Mental Health Court Team

The Team consists of a crown attorney, a defence counsel (from Nova Scotia Legal Aid - private defence counsel may also represent an accused), a probation officer, two mental health clinicians (a social worker and a psychiatric nurse), a forensic psychologist, and an addictions social worker. The Court also has available to it consulting forensic psychiatrists who provide opinions in situations where it is unclear to the Team whether a qualifying mental health disorder exists. The Court is overseen by a dedicated Judge.

The NS MHC Team's clinicians, in consultation with the probation officer, complete the eligibility screening for each of the people referred to the Court. The decision to accept an individual into the program is made by consensus after thoughtful, thorough, and frank discussions among the Team members and the Judge. In the unlikely event that consensus is not possible, then the ultimate decision on eligibility rests with the Judge.

The NS Legal Aid defence counsel supports and advocates on behalf of their clients and provides assistance to the Team. The crown attorney is involved in determining initial admission for screening as well as addressing ongoing issues that may affect public safety. When a particular individual has complex or unclear symptoms, he or she is referred to the East Coast Forensic Hospital where forensic psychologists and/or psychiatrists are available to provide clarification and/or consultation. This partnership is vital to assisting the Team in the screening, planning, and management of individuals involved with the Court.

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Drug Screening and Rewards and Sanctions

Well over 50% of participants have known substance abuse or dependency issues which have an impact on their mental health. As a result, the NS MHC Team members need to determine what substances participants are taking so those issues can be addressed. By virtue of their voluntary participation in the program, participants agree to be subject to random drug and alcohol testing for therapeutic purposes. Their progress is tracked and a series of rewards and sanctions are used to encourage participants to follow their individualized support plan and complete the program.

Community Collaboration

Community partnerships and support are essential to the work being done through the Mental Health Court program. As a way of introducing the new Court in 2009, a large number of community partners were invited to an open house in Courtroom #5 before the first sitting of the Mental Health Court. Out of this successful first encounter grew several strong and mutually-beneficial working relationships which still exist today.

Such ongoing community collaboration is viewed as a vital element to the success of the Court. An important component is the mutual understanding and respect that is gained through collaboration but also through awareness and education. From the beginning, Team members have made presentations to numerous community partners in the fields of mental health and criminal justice, as well as to community and peer-based agencies. Team members have also presented at clinical conferences through the Capital District Health Authority (CDHA) and held workshop sessions, including the 2011 National Psychosocial Rehabilitation (PSR) Conference in Sydney, Cape Breton.

Members of the NS MHC Team have also invited community agencies and service groups used by program participants to present at the Team's monthly committee meetings. These presentations provide information about the community supports that are available and serve to foster new and stronger working relationships.

Increasingly, the Court has been working with outside agencies to develop a more holistic response to the needs of both the participants and the greater community. The Team members liaise with Victim Services and ask for input to help identify victims' concerns. In this way the Court is better able to address the impact of offences through education, information, and restorative practices. For example, in April 2012 a restorative justice session was held with a program participant and his victim, whom he had assaulted. The session went very well. The victim described the meeting as "extremely helpful" in assisting her to resolve her feelings surrounding the offence.

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Participants' Feedback

As part of the Nova Scotia Mental Health Court program, participants who successfully graduate are asked to voluntarily complete an evaluation of their experience. The following comments come directly from participants or family members of participants:

- *Before I was involved with Mental Health Court I was troubled, and, through my troubles began to grow hate for police and the court systems. Mental Health Court allowed me to regain trust in authority at my own accord. Without my involvement in the Mental Health Court I am sure the troubles we've overcome may have never ceased.*
- *I would also like to recommend "Mental" drop, and, just be called "Health Court" - with a positive ring without attached stigma of the meaning of mental health among society.*
- *Before Mental Health Court came I couldn't live on my own. I had to have someone take care of me. Drugs and alcohol ruled my life and fed my delusions. Now I am in recovery, my mental illness is under control, I live on my own and I'm going back to school.*
- *Thank you, thank you, and thank you. We, as parents of an adult male that has been a participant of your Mental Health Court Program cannot say enough of how much this has helped our son and our lives. We were in a quandary with no light at the end of the tunnel, until you came into our lives. Now, our son is living a much more positive lifestyle with hope for the future. As parents, there was a time where we didn't think we'd ever be able to laugh, smile, or sleep throughout a day or night. Now, our son is living on his own; still needs guidance and assistance, but we can see a brighter future for him. This is all due to the many efforts made through your program. The support, the help, the caring, the many calls, and the follow-up went well beyond the program officers' many duties. They were always there for us. There are not enough words to express the gratitude we feel. This Mental Health Program has been a definite blessing in our lives and we know that many more families will benefit from such highly needed assistance dealing with the many mental health issues in their personal lives.*
- *Last Friday I walked across the stage for graduation and now have a very expensive piece of paper hanging on my wall. But also I was able to secure a career job with a financial services company in Halifax. This is a very good job and as part of it they required a background check before I could accept the offer, part of that background check was a criminal check. I was a little worried something may have slipped by, but everything turned out fine! I feel this is a great testament to your program and what you guys offer. You gave me a second chance for a stupid mistake that now won't literally ruin my life. I hope you can use this as an (anonymous) example to any naysayers you may encounter. Thanks again!*

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- *I am calling in regards to my daughter. I just want to thank you for all you did for her. It was a good experience for her going through Mental Health Court. She's doing pretty well and we're really happy with what's happen with her. Your intervention in the court process certainly worked for her and I just wanted to say what a great service it is and for someone like her it worked out extremely well. I appreciate it. She loved the Judge, and she enjoyed working with you. I know that sometimes were rough between the two of you, but she managed and she really felt cared about, and I think the end result was really good, and I just thought you might want the feedback. Anyway, she continues to do pretty well. We see her regularly so that's good.*

Mental Health Court Team Testimonials

Members of the NS MHC Team and the Judge were asked for their thoughts on the Court. Here is what they had to say.

- *"You are braver than you believe, stronger than you seem, and smarter than you think" My clients inspire me to keep doing this work.*
 - **Kelly Rowlett, MHC Legal Aid Lawyer**
- *There has always been a crack in our system through which those with mental health problems and conflicts with the law might fall. The Nova Scotia Mental Health Court Program does not only patch that gap but helps give those in need the tools to walk down a different path.*
 - **Dr. Brad Kelln, MHC Psychologist Consultant**
- *The success of the MHC Program in my opinion is because of its focus on respect, hope, compassion and responsibility. Team members all recognize people make mistakes and as such the Team encourages people to take responsibility for these mistakes and, with support, change their life path.*
 - **Cathy Stevens, MHC Clinician**
- *I am truly blessed to have been given the opportunity to preside in the Mental Health Court and to witness first-hand the transformation of lives. With the guidance, support and supervision of the Mental Health Court Team, I see folks (struggling with mental health and/or addiction involved in the criminal justice system) being given the option of recovery and restoration, all the while being held accountable for their actions. This holistic approach to justice and wellness works.*
 - **Chief Judge Pamela S. Williams, MHC Judge**

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- *The success of the MHC Program is based on service collaboration; strengths based recovery focus, safety and security, and access to education and supports for participants.*
 - ***Danny Patterson, MHC Clinician***

- *I am relatively new to the Mental Health Court Program (less than a year) but have 25 years with Correctional Services. The move from the Dartmouth Probation Office/Courts to the Mental Health Court Program continues to be a learning experience for me. It has been quite a change for me to go from the traditional system to a Court who is continually adapting and expanding by working with different agencies which include not only Community Mental Health and Substance Abuse professionals but others such as the Sheriffs, Victim Services and Emergency Health Service. Mental Health Court in conjunction with many partners works to provide support and understanding and to assist the participants involved in the program to live a stable lifestyle, while also maintaining the integrity of the justice component.*
 - ***Cheryl Cochrane, MHC Probation Officer***

Evaluation

A large scale external evaluation of the NS MHC program formally began in August 2012 under the direction of Mary Ann Campbell, Ph.D., Director of the Centre for Criminal Justice Studies at the University of New Brunswick - Saint John Campus and in collaboration with Crystal Dieleman, Ph.D. (School of Occupational Therapy at Dalhousie University), Jeff Karabanow, Ph.D. (School of Social Work at Dalhousie University), and Margo Watt, Ph.D. (Department of Psychology at St. Frances Xavier University). Many thanks are extended to research assistants Nicole Adams and Andrea Ennis for their diligent research work for this evaluation.

The primary purpose of the evaluation is to examine the degree to which the Mental Health Court program achieves the balanced objectives of promoting mental health recovery and reducing recidivism when compared to a matched sample of cases involving mental health issues that have been dealt with by the traditional Courts.

This evaluation will also examine the case management plans of NS MHC program participants to identify ways to advance the goals of mental health recovery and recidivism reduction in this population. For now, data will be collected for one year. However, it may be possible to examine more cases and implement a longer follow-up period of review, pending additional funding.

This evaluation is currently funded by the University of New Brunswick - Saint John Campus, and has in-kind support from the Nova Scotia Department of Justice and the Capital District Health Authority. Findings from this evaluation will be shared with the NS MHC Team, stakeholders and partners, as well as with the broader academic and professional community and the general public. We eagerly await its completion.

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Conclusion

During the last five years the Nova Scotia Mental Health Court has established itself as a vehicle for helping to address the needs of individuals with mental illness who are in conflict with the law. Through the framework of the Court, participants are accountable for their actions and a collaborative support plan is established to enable them to take the necessary steps to improve their lives and refrain from criminal activities.

There is a noticeable increase in the number of people being referred to the Court. This is in part due to better awareness of the existence of the Court, the dedication of the Team, and the continued support and collaboration of the various partners.

In 2013, a total of 232 individuals were deemed eligible to participate in the program. Together, they brought a total of more than 1,333 criminal charges to the Court. In that same year, 199 participants successfully completed the program and graduated.

There tends to be a significantly large proportion of men before the Court, with an average age of 20 to 25 years. The most common diagnosis is schizophrenia and other psychotic disorders, followed by mood disorders (bipolar disorder or major depression). The offences committed by those included in the program have varied widely from fairly minor breaches, mischief, and thefts, to more serious charges involving violence and use of weapons.

The NS MHC Team is very proud of all the participants who completed the program. We wish them continued success in keeping their lives on track. For those who entered but did not complete the program, we hope exposure to it has provided some insight and understanding that will benefit them.

The Court has started a formal evaluation of the program in partnership with Dr. Mary Ann Campbell of the University of New Brunswick - Saint John Campus. The evaluation will be completed by the end of 2014.

Finally, we would like to acknowledge, with tremendous appreciation, the work of Nicole Adams and Nick Lenehan, who volunteered their time and energy to collect, analyze, and compile the data contained in this report. Thank you for your devotion.

Mental Health Court Report

The Nova Scotia Mental Health Court – As of March 31, 2014

Core Members of the NS MHC Team

Judge Pam Williams	Chief Judge of the Provincial and Family Courts of NS
Beverley States	Registered Nurse, Capital Health
Cheryl Cochrane	Probation Officer, Department of Justice
Cathy Stevens	Social Worker, Capital Health (currently on secondment)
Danny Patterson	Social Worker, Capital Health (replacing Cathy Stevens)
Charmaine Misner	Administration Assistant, Capital Health
Dr. Aileen Brunet	Psychiatrist, Capital Health
Dr. Brad Kelln	Psychologist, Capital Health
Kelly Rowlett	Defence Lawyer, Nova Scotia Legal Aid
Terri Lipton	Crown Attorney, Public Prosecution Service of NS
Colin Gjesdal	Addictions Worker, Capital Health

Program Structure Support

David Aikens	Director of Court Services, Department of Justice
Dorothy Edem	Program Leader, Capital Health
Mary Cripton	Addiction and Mental Health Services, Capital Health
Rachel Boehm	Addictions and Mental Health Services, Capital Health
Michael McAloney	Community Corrections, Department of Justice
Cyd LePage	Department of Community Services
Eileen Collett	Deputy Superintendent, CNSCF
Bill Moore	Deputy Chief of Police, HRP
Jennifer Burton	Deputy Sheriff, Department of Justice
Mary Hearn	Victim Services Officer, Department of Justice

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