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# NOVA SCOTIA'S WELLNESS COURTS: Progressing Justice

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CELEBRATING THE 10TH ANNIVERSARY OF  
THE NOVA SCOTIA MENTAL HEALTH COURT PROGRAM



NOVEMBER 2019

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## THE RESEARCH TEAM



**The Honourable Pamela Williams**, Chief Judge of the Provincial and Family Courts of Nova Scotia; presiding judge in the Dartmouth Wellness Court. Chief Judge Williams was the driving force behind this evaluation.



**Crystal Dieleman**, Assistant Professor, Dalhousie Faculty of Health's School of Occupational Therapy; Research Scholar, Dalhousie Health Law Institute, Dalhousie University. Dr. Dieleman is responsible for the overall development and management of the evaluation project.



**Niki Kiepek**, Assistant Professor, Dalhousie Faculty of Health's School of Occupational Therapy; Research Scholar, Dalhousie Health Law Institute, Dalhousie University. Dr. Kiepek brings her clinical experience in substance use and addictions, working with Indigenous communities, and her expertise in qualitative methods.



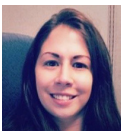
**Tomi Abriel**, Graduate, Mental Health Court Program. Tomi provides a critical lived experience perspective when developing protocols for collecting and analyzing data and sharing information about Wellness Court Programs. This helps ensure the focus is on participants and those who may benefit from Wellness Court Programs in the future.



**Mohammed Hajizadeh**, Assistant Professor, School of Health Administration, Dalhousie University. Dr. Hajizadeh is leading the development of quantitative methods for collecting, linking, and analyzing data from multiple sources, as well as constructing the cost/benefit analysis of the project.



**Patryk Simon**, Manager, Intake, Registration and Reporting, Mental Health and Addictions Program, Nova Scotia Health Authority (NSHA), played a key role in helping Dr. Hajizadeh develop quantitative methods for collecting, linking and analyzing data.



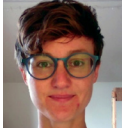
**Teri LeDrew**, Research and Analysis, Policy, Planning and Research, Nova Scotia Department of Justice played a key role in helping Dr. Hajizadeh develop quantitative methods for collecting, linking and analyzing data.



**Claudia Mann**, Director of Court Services, Nova Scotia Department of Justice. Claudia provides a link to Court Services and the work of the province's Wellness Court Programs Steering Committee. This helps ensure the relevance of the project to current and future Wellness Court Programs in Nova Scotia.



**Dorothy Edem**, Program Leader, Mental Health and Addictions Program, NSHA. As part of the Dartmouth Wellness Court team, Dorothy is a key support for recruiting research informants and provides valuable insight into the structural components of Wellness Court Programs.



**Stephanie Zubriski**, Doctoral Student, Faculty of Health, Dalhousie University, led the writing of this report. She is a research assistant focusing on the qualitative components of the project, including informant recruitment, interviewing, transcription, document review, analysis, and knowledge sharing.



**Robin Campbell**, Research Assistant in a project management role; PhD in Health student at Dalhousie University. Robyn helped complete the ethics application and supporting research documents, and managed ongoing aspects of the project, including assisting with recruitment and delegating the transcription of qualitative interviews.



**Sterling Edmonds**, Research Assistant; student, Schulich School of Law, Dalhousie University. Sterling helped complete the ethics and data management plans for the quantitative aspects of this project.



Communications is a critical element of this project. With that in mind, **Jennifer Stairs**, Communications Director, Executive Office of the Nova Scotia Judiciary, and **Maureen Wheller**, Senior Communications Advisor, Mental Health and Addictions Program, NSHA, are leading the development and implementation of a communications strategy to teach the public about Wellness Court Programs in Nova Scotia, help eliminate stigma and stereotypes around mental illness, and encourage positive, accurate media coverage of these court programs.



## Research Funding

Funding for this research project came from several sources, including the Nova Scotia Health Research Foundation, the Dalhousie Faculty of Health's School of Occupational Therapy, and the Dartmouth Wellness Court. Special thanks to those organizations on the Research Team who provided in-kind support to collect and analyse the data for the evaluation and prepare this report.



## MESSAGE FROM THE RESEARCH TEAM

November 2019 marks a decade since the Nova Scotia Mental Health Court Program opened its doors in Dartmouth as the province's first Wellness Court Program.

In honour of this milestone, and in keeping with the program's commitment to evaluate and improve the services available, the court team, led by Chief Judge Pamela Williams, collaborated with Dalhousie Faculty of Health's School of Occupational Therapy to do an independent evaluation and report on progress and next steps for the program.

The research team agreed this was a good opportunity to also evaluate and report on the success of the related programs in Dartmouth and three other Wellness Court Programs that have launched in other Nova Scotia communities since 2009.

This report outlines the preliminary findings of our ongoing research. Analysis of the data collected over the past 12 months is ongoing and we intend to release further findings over the next year.

In its report, the research team provides an overview of the programs operating at the courthouses in Dartmouth, Port Hawkesbury, Kentville and Amherst, including their history, the circumstances under which they were established, their underlying values, and how each program functions. Although they do not form part of this evaluation, the province has launched a Wellness Court Program in Wagmatcook First Nation and specialty problem-solving courts in Sydney and Halifax to address the needs of people affected by domestic violence. Wellness Court Programs are also being established in Bridgewater and Truro.

There is no universal model of service delivery that can be transferred to all jurisdictions. As noted in the 2006 report, [\*Out of the Shadows At Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada\*](#), by the Standing Senate Committee on Social Affairs, Science and Technology:

"The committee does not believe it wise to attempt to dictate a uniform model that could be implemented somehow across the country. It is not even possible (or desirable) to do this on a province-wide basis because the effectiveness and efficiency with which services are delivered depend critically on a number of local particularities, including the history of local institutions and the number and characteristics of the people who live in each community." (p.105)

As such, it is not our intent to compare the programs in this study to one another. Each is designed based on the needs of the community it serves, as well as unique contextual factors, such as availability of and access to resources. Accordingly, each program will have different strengths and limitations.

Our preliminary findings and subsequent research will demonstrate the complex factors that influence program design. Our hope is that this information will help the public understand the impact of Wellness Court Programs on participant outcomes, assist with future decisions regarding program expansion, and ultimately improve the experiences for individuals participating in these types of court programs.



## EXECUTIVE SUMMARY

It is now widely acknowledged that the traditional criminal justice system is not well equipped to address the complex needs of individuals living with mental illness and substance use. It took years to accept this and develop a new approach.

Wellness Court Programs, as they are known in Nova Scotia, are specialty courts where a team of professionals helps address the issues that directly contributed to the individual coming into conflict with the law.

Collaboration and creative problem-solving are central to these programs. Unlike the traditional adversarial approach of the regular criminal courts, Wellness Court Programs develop and administer a support plan that is unique to the needs of each individual participant. The court team monitors the individual's progress while holding them accountable for their crime and continually assessing their potential risk to public safety. The team can also help participants connect or re-connect to support services in the community, rebuild key relationships, and improve their well-being and living situations, so they are less likely to reoffend.


The longest-running Wellness Court Program in the province is the Nova Scotia Mental Health Court Program, now known as the Dartmouth Wellness Court. November 5, 2019, marks 10 years since that program started. Since then, it has inspired Wellness Court Programs in other areas of the province. In addition to the Dartmouth Wellness Court, this evaluation focuses on the programs in Port Hawkesbury, Kentville and Amherst.

The main objective of these programs is to improve participants' health outcomes and quality of life in order to decrease the likelihood of reoffending. With that in mind, there are two questions driving the direction of this study:

1. What are the health, social and justice outcomes for people who have been referred to and/or participated in a Wellness Court Program since the first such program began in 2009?
2. What are the underlying ideologies, approaches, processes and mechanisms of Wellness Court Programs, and how might these impact program design and opportunities for individuals' recovery?

Following a community driven approach, the research team used standard data collection methods for qualitative research, including interviews, focus groups, and document review. This constitutes the first phase of the research project. Preliminary findings from the qualitative data are interspersed throughout this report, which differs from traditional research articles, but we hope will enhance reader engagement with the material.

Information about key indicators of success and outcomes deemed meaningful by court participants gleaned from qualitative data will inform the second phase of the research project. That phase will adopt a quantitative approach. The research team will review quantitative data collected from the Department of Justice and the Nova Scotia Health Authority, for Dartmouth Wellness Court graduates only. Due to the length of time this program has been operating and the number of people who have participated in the programs over the past 10 years, this program presents the best opportunity for examining outcomes of significance.



Although there is no universal model for Wellness Court Programs, there were commonalities among the programs. For instance, each program has a dedicated Judge, crown prosecutor, defence counsel and probation officer. Certain structural elements were also consistent across the four programs, including:

- Participation in the court program is voluntary;
- Referrals are received from a variety of sources;
- All potential participants must undergo a screening assessment, although the specifics of the assessment differ for each program;
- A strong connection between the index offence and a mental health or substance use issue (a nexus) is required to meet the eligibility requirements;
- Individualized support plans are developed in partnership with the participant and the court team;
- The participant must complete their support plan to the satisfaction of the court team to be eligible to graduate from the program;
- Sanctions (e.g. house arrest, curfew, written or verbal warnings or jail time) can be applied for certain behaviours (e.g. additional criminal charges, failed drug tests, missed appointments or breach of conditions);
- Rewards, such as fewer court check-ins and being called at the beginning of the docket, are preferred to positively reinforce behaviours that contributed to a participant's progress through the program; and
- All supports and services are provided according to a Brokerage Model of service delivery (essentially, while eligibility assessments and ongoing monitoring are done by the Court, it is not responsible for direct service provision). This Brokerage Model of service delivery is one reason why the structure and function of individual court programs varied, depending on geographical location.

Just as there were similarities, there were also variances between the programs. For example, the number of health-care providers from Mental Health and Addictions Program and representatives from community organizations with related mandates differed among the programs. These differences are discussed in more depth in the program descriptions and Preliminary Findings sections of this report.

The existence of these Wellness Court Programs brings hope that system-wide changes to criminal justice could happen in the foreseeable future. There is wide support to increase the capacity of these programs, as well as the geographic regions they serve. There is also a desire to launch more programs in more communities. These changes are dependent on ongoing data collection and receiving additional funding. The Wellness Court Programs Steering Committee will also play an important role in providing support and institutional knowledge in setting up new programs and adapting existing services to better meet the needs of participants.



# PART 1 – WELLNESS COURT PROGRAMS

## A Snapshot Internationally

It is now widely acknowledged that the traditional criminal justice system is not well equipped to address the complex needs of individuals living with mental illness and substance use. It took years to accept this and develop a new approach.

Much of the research on mental health court programs internationally pertains to jurisdictions within the United States and focuses on criminal recidivism as the primary measure of success. The initial wave of research focused on how these programs may improve public safety by reducing criminal activity.<sup>1</sup>

Despite methodological differences, much of the literature shows these programs have a moderate impact on reducing recidivism as measured by the overall number of arrests, days in jail, time to re-offence, and self-reported violence. This focus is also apparent in the few existing studies of Canadian mental health court programs where evaluations of both the New Brunswick and Nova Scotia mental health court programs primarily examined measures of criminal recidivism and criminogenic needs.<sup>2</sup>

A smaller body of evidence examines other factors, such as diagnosis and access to health services, affected by participation in mental health court programs, without demonstrating consistency in how these programs impact service utilization<sup>3</sup> and with no evidence in their ability to reduce symptoms of mental illness.<sup>4</sup> An earlier evaluation of the Nova Scotia Mental Health Court Program<sup>5</sup> also examined the frequency of different types of intervention, including individual counselling, psychiatric consultation and/or medications, and substance abuse treatment, as well as measures of service utilization and symptom reduction. However, it was found that interventions such as employment counseling, educational upgrading, family therapy, and criminal behaviour relapse prevention were relatively uncommon. The small sample size was a notable limitation to the study, warranting future efforts that examine outcomes for a broader sample of participants.

Few evaluations of mental health court programs looked at quality of life or mental health recovery from the perspective of the participants themselves. A recent study by Canada & Ray (2016) brings attention to outcome measures and measures of success, deemed meaningful by court program participants of two mental health court programs in the mid-western United States.

The graduates perceived these outcomes as being a direct result of participating in the program and included four main themes: psychiatric stability, sobriety, improved relationships, and engagement in life and mental health. The authors note the importance of research, including a recovery-oriented framework and recognizing the multiple dimensions of success beyond criminal recidivism.

There has also been very little evaluation of the mental health court programs themselves. Research on participant outcomes often describes the team structure and model of service, noting similarities across court programs, such as having a specialized docket, voluntary diversion, intensive and highly monitored treatment, consistent status hearings before a judge, and rewards and sanctions to encourage compliance with the court mandate.<sup>6</sup> However, while the research notes that there are jurisdictional and operational differences, they are not typically described, suggesting a need for a more formative evaluation of the unique features and functions of mental health court programs in relation to participant experiences. When identifying what outcomes are missing from mental health court research, Canada & Ray (2016) emphasizes the need for a greater understanding of the processes or mechanisms that facilitate change and success.





## Wellness Court Programs in Nova Scotia

Wellness Court Programs, as they are collectively known in Nova Scotia, are specialty courts where a team of professionals helps address the issues that directly contributed to the individual coming into conflict with the law.

Collaboration and creative problem-solving are central to these programs. Unlike the traditional adversarial approach of the regular criminal courts, Wellness Court Programs develop and administer a support plan that is unique to the needs of each individual participant. The court team monitors the individual's progress while still holding them accountable for their crime and continually assessing their potential risk to public safety. The team can also help participants connect or re-connect to support services in the community, rebuild relationships with their victims, and improve their well-being and living situations, so they are less likely to reoffend.

Recognizing the move toward more therapeutic courts, where appropriate, the Wellness Court Program Steering Committee was created to enable a more coordinated approach when expanding these programs to more communities.

That group consists of about two dozen representatives from the Judiciary, justice, health care, and academia, as well as graduates of Wellness Court Programs in Nova Scotia, who provide their lived experiences. It has created data collection templates and evaluation tools for Wellness Court Programs, as well as a Best Practice Framework and a Cultural Competence Guide.<sup>7</sup>

The longest-running Wellness Court Program in the province is the Nova Scotia Mental Health Court Program, now known as the Dartmouth Wellness Court. This new name better reflects the geographic region that the Court serves and helps destigmatize mental health and substance abuse issues for the individuals involved in the programs, by putting the focus on wellness.

November 5, 2019, marks 10 years since that program started in Dartmouth. Since then, the program has inspired Wellness Court Programs in other areas of the province. In addition to the Dartmouth Wellness Court, this evaluation will focus on those programs operating in Port Hawkesbury, Kentville and Amherst.

Although there is no universal model for Wellness Court Programs, data reveals commonalities among the programs. For instance, each Wellness Court Program has a dedicated judge, crown prosecutor, defence counsel and probation officer. Certain structural elements were also consistent across the four programs, including:

- Participation in the court program is voluntary;
- Referrals are received from a variety of sources;
- All potential participants must undergo a screening assessment, although the specifics of the assessment differ for each program;
- A strong connection between the index offence and a mental health or substance use issue (a nexus) is required to meet the eligibility requirements;
- Individualized support plans are developed in partnership with the participant and the court team;
- The participant must complete their support plan to the satisfaction of the court team to be eligible to graduate from the program;

- Sanctions (e.g. house arrest, curfew, written or verbal warnings or jail time) can be applied for certain behaviours (e.g. additional criminal charges, failed drug tests, missed appointments or breach of conditions);
- Rewards, such as fewer court check-ins and being called at the beginning of the docket, are preferred to positively reinforce behaviours that contributed to a participant’s progress through the program; and
- All supports and services are provided according to a Brokerage Model of service delivery (essentially, while eligibility assessments and ongoing monitoring are done by the Court, it is not responsible for direct service provision). This Brokerage Model of service delivery is one reason why the structure and function of individual court programs varied, depending on geographical location.

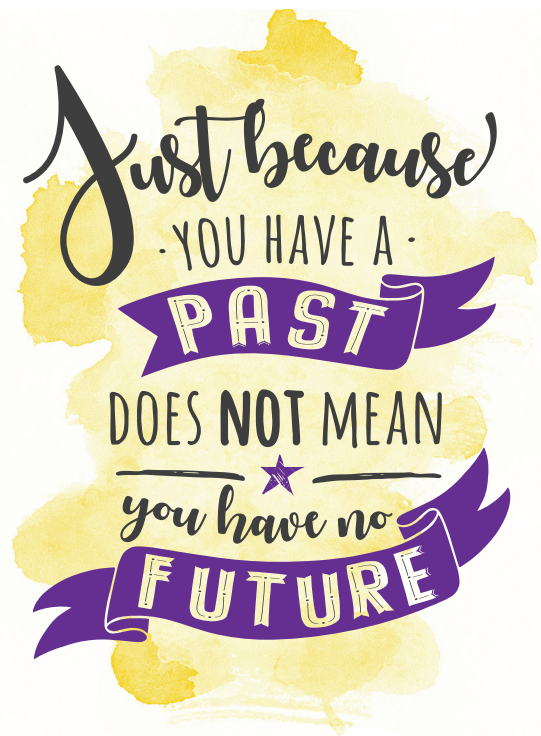
Just as there were similarities, there were also variances between the programs. For example, the number of health-care providers from Mental Health and Addictions Program and representatives from community organizations with similar mandates differed among the programs. These differences will be discussed in more depth below.

## Dartmouth Wellness Court

Launched in November 2009 as the Nova Scotia Mental Health Court Program, the Dartmouth Wellness Court sits most Thursdays at the Provincial Court on Pleasant Street in Dartmouth. The original program has grown from having a docket of only five names to today, where the court team regularly sees dockets up to 17 pages long.

The four court programs currently operating under the Dartmouth Wellness Court include:

**Mental Health Court Program** – This program monitors and supports individuals 18 years or older who have committed a crime in the Halifax Regional Municipality and have a recognized serious and persistent mental illness. Their mental illness must be substantially connected to the offence. Participants are recommended by a team of professionals, including a crown prosecutor, a defence attorney from Nova Scotia Legal Aid, a probation officer, a social worker, a forensic nurse, an occupational therapist and an addictions social worker. Forensic psychiatrists and a forensic psychologist are also available to provide opinions in situations where it is unclear whether a qualifying mental health disorder exists. This court program is overseen by a dedicated Provincial Court judge.



.....  
 This quote from a past program participant appears in the courtroom above the Judge’s bench. It is included in court materials and was shared independent of the research.  
 .....

**Opioid Court Program** – Launched in 2015 as the Court Monitored Drug Treatment Program, this program liaises with the Nova Scotia Health Authority’s Opioid Treatment Program in Dartmouth to monitor and support people with opioid addictions who commit crimes based on their addictions.

**Judicial Monitoring Program** – Launched in 2016, this program is for those offenders who do not have a formal mental health diagnosis but have suffered trauma due to race, ethnicity, marginalization, or abuse.

**Alcohol Court Program** – This program launched in 2017 in response to a gap in services and support for some accused persons struggling with chronic alcohol abuse who have come into conflict with the law. This started as a pilot project under the former Court Monitored Drug Treatment Program and is now a permanent program. Participants have committed serious offences directly related to their alcohol addiction and must meet all the other eligibility requirements that those with an opioid addiction must meet. They must also secure a spot in a long-term residential care program to be accepted into the court program.

At its inception in 2009, the court team wrestled with the idea of creating a framework for the program, acknowledging this was new territory and they did not want to create policies “that would box them in from the beginning,” as one research informant put it.

The team agreed to some basic criteria that were non-negotiable, such as the requirement that participants reside in the Halifax Regional Municipality (HRM). From there, the team adjusted how they delivered services, responding to issues as more participants moved through the program.

As it works now, potential participants must first appear in Provincial Court and have their matter referred to the Dartmouth Wellness Court. Referrals come from many sources, including other crown attorneys, police officers, defence counsel, family members, physicians and other service providers. To be eligible, participants must accept responsibility for their offence(s), which is legally different than entering a guilty plea. If their case is referred, the applicant undergoes a screening assessment by one of the court team’s clinicians. The final decision rests with the court team and requires the consent of the Public Prosecution Service. This process usually takes about six weeks.

Prior to an individual’s first appearance in the Dartmouth Wellness Court, dedicated defence counsel from the Nova Scotia Legal Aid Commission meets with them to review information about the court program, sign consent



As part of their graduation, participants in the Dartmouth Wellness Court are invited to create or donate a piece of their personal artwork to display on the Wall of Hope in the courtroom. This photo was shared independent of the research.

forms, and ensure that the individual's decision to participate is voluntary and makes sense from a legal standpoint.

Participants must also sign a participation agreement. They then work with the court team to develop an individualized support plan, which includes standard requirements for all participants, such as attending clinical and court appointments, as well as unique requirements to address their specific needs. The support plan becomes a contractual deal that both the participant and their mental health clinician sign.

If the participant does not follow all the requirements in their support plan, they may be required to attend court more often or remain under the court's supervision for a longer period. In some cases, their release conditions may be changed or revoked. Ultimately, if they break that contractual deal, they can be removed from the program and their case is sent back to the Provincial Court for plea. If they pleaded guilty previously, that plea will stand.


In most cases where a participant completes the program, the crown prosecutor withdraws the charges. However, there are times when graduates will not have their charges withdrawn and will be sentenced to a community disposition. In other circumstances, a period of incarceration may need to be completed before an individual can participate in the program. No matter what the outcome, participants in the program benefit from the support of a team of justice and health-care professionals.

There are several unique partnerships at the Dartmouth Wellness Court that enable it to serve a wider group of clients. For example, in 2017, the Court announced a partnership with Veterans Affairs Canada to support veterans in Nova Scotia who, as a direct result of their occupational stress injuries, have come in conflict with the justice system. An eligible Veteran participant is any former member of the Canadian Armed Forces (including reserve force) or the Royal Canadian Mounted Police who is 18 years of age and older. Veteran referrals occur through the regular referral process and may involve either a Veteran who is an existing client of Veterans Affairs Canada or, as a result of the referral to the Mental Health Court Program, will be referred to Veterans Affairs Canada for case management services.

Both the Mental Health Court Program and the Opioid Court Program at the Dartmouth Wellness Court also partner with the Mi'kmaq Legal Support Network (MLSN) and the Nova Scotia Brotherhood to ensure the cultural and other unique needs of their Aboriginal and African Nova Scotian participants are considered throughout the court process. The broader court team includes a dedicated Court Worker from MLSN and a social worker from the NSHA who oversee this work.



Chief Judge Pamela Williams and Shannon Mooney from the Mi'kmaq Legal Support Network (MLSN) show off a traditional Indigenous talking stick donated to the Dartmouth Wellness Court. This photo was shared independent of the research.



The biggest barriers identified in the Dartmouth Wellness Court included a lack of safe, affordable and appropriate housing for participants, as well food security. While the court team can tell participants where and how to access programs in their area, whether they have the means to take advantage of those was still a barrier, especially if participants are limited to the monthly income of \$535, provided by income assistance.

Currently, the Dartmouth Wellness Court is unique in that 75 per cent of its costs are funded by the provincial government, in addition to substantial in-kind support. However, in order to expand the program's eligibility criteria to serve more people in the criminal justice system, the program would require more time, funding and staff.

## Port Hawkesbury Wellness Court

Located on Cape Breton Island, the Port Hawkesbury Wellness Court opened in 2012 and is the province's second longest running Wellness Court Program. It operates out of the courthouse on Kennedy Street in Port Hawkesbury.

Inspired by the programs in Dartmouth, the Port Hawkesbury model came about from conversations between local Legal Aid lawyers, Crown prosecutors and the Judiciary. One research informant described the program as a way to support people that "the system was failing" by "paying attention to the causal factors of why they were constantly in court."

Like other Wellness Court Programs, the Port Hawkesbury Wellness Court also requires a strong connection between the index offense and the mental health or substance use issue, and that the participant voluntarily agree to take part and take responsibility for their crimes.

Port Hawkesbury opted for a single court program that does not distinguish between mental health or substance use issues, as many people they saw experienced both. At the time of this research project, the program did not include an assessment by a health-care professional as part of its screening assessment process. However, the program does require that participants complete a release of information for the purpose of service delivery in the Court, which includes health information.

The Port Hawkesbury Wellness Court plays an important role in connecting participants with available health-care services in that community. However, the program does not have a dedicated health-care professional from the NSHA or a case worker from the NSHA as part of the team. One of their primary community partners and an important team member is the Elizabeth Fry Society of Cape Breton, an organization whose mandate is to provide support and services to women affected by the criminal justice system.

Located in a smaller rural community, the team noted that among the biggest challenges for the Port Hawkesbury program is the lack of health-care services and funding for currently existing resources. For example, one research informant noted that the region's only detox program was recently reduced to what they called a "day-tox" program that does not support overnight stays. Other research informants noted the wait times for mental health services in Cape Breton are now more than a year, in some areas.

A lack of public transportation coupled with other systemic barriers, such as the Department of Community Services funding travel to medical appointments only, not court-mandated or legal appointments, means community corrections officers with the Department of Justice are travelling to communities – when they are able – to provide services, regardless of whether they are affiliated with the Wellness Court Program.

While this practice requires additional time and resources on the part of the community corrections officers, they see it as an opportunity to build relationships with participants in the program and gain a better understanding of their day-to-day challenges.

Unlike the programs in Dartmouth, the Port Hawkesbury Wellness Court sits monthly and is run by courthouse staff, who, with permission from their supervisors, do this work “off the tip of their desk”, as one research informant put it. To expand its docket or sit more regularly would ultimately require staffing changes or funding for support workers or a case manager dedicated to the program.

## Kentville Wellness Court

Established in 2014, the Kentville Wellness Court sits twice a month at the Law Courts on Cornwallis Street. The program was conceptualized by a local Legal Aid lawyer and a probation officer who agreed, in their words, that there must be a “better way” to help people whose substance use saw them repeatedly before the criminal courts.

In response to an escalating opioid crisis in the community, there was an opportunity for Kentville to receive federal funding to pilot a drug court program. With this news, a core group of legal professionals banded together to build the framework for two Wellness Court Programs – the Court Monitored Drug Treatment Program and the Court Monitored Mental Health Program, which



The team at the Kentville Wellness Court holds a pre-court meeting shortly after the program started in 2014. This photo was shared independent of the research.

started as a pilot project. It is now a permanent program, thanks to the work of the Judges presiding in Kentville, Court Services at the Department of Justice, the Nova Scotia Public Prosecution Service, Legal Aid, Community Corrections and staff with Mental Health and Addictions Program at the NSHA.

Recruiting people from Mental Health and Addictions Program was a key component to the success of the drug court program specifically, but also for the launch of the mental health pilot project. It is the team’s mental health clinician who is responsible for arranging the support plans or treatment programs for each participant in both court programs.

Like the Opioid Court Program in Dartmouth, the Kentville court team consists of a case coordinator from the NSHA, a probation officer, a dedicated crown prosecutor, a Legal Aid lawyer, and a Provincial Court judge. Participants may also be represented by private counsel.

Participants are most commonly referred to the programs by the local Legal Aid office. Staff there communicate regularly with dedicated defence counsel to determine whether a referral is an appropriate option for the individual. The programs also accept referrals from professionals working in the Provincial Court, community clinicians, and individuals who find themselves involved with the law.

To be eligible for the Court Monitored Drug Treatment Program, participants must have a serious substance use issue. On the other hand, those individuals being considered for the Court Monitored Mental Health Program do not require a diagnosis by a health-care professional. However, as one research informant noted, an official diagnosis is “certainly helpful” in admitting someone to the program.


## Amherst Wellness Court

The Amherst Wellness Court started in 2016 and now sits once a month at the courthouse on Church Street in Amherst. The program was born out of conversations between the managing lawyer at the local Legal Aid office and Crown prosecutors. The lawyers were frustrated with the traditional criminal courts, where they saw the same people cycling through. One research informant said they wanted to “make a bigger impact and feel like they are serving those people better, whereas in the past, they hadn’t been served well by the traditional, formal justice system.”

The team holds a pre-court meeting to review the files for that month. The meeting starts at noon and usually goes until Court opens at 2 p.m. Like with the Dartmouth Wellness Court, graduates and successful candidates are called up first, followed by a participant who is in trouble or struggling with their support plan. This demonstrates to other participants the sanctions that exist for not fulfilling the requirements of their support plan. It can also be inspiring experience to see those who have made it successfully through the program.



**THE AMHERST WELLNESS COURT TEAM.** *Front row:* Pam Chenhall, Psychologist, NSHA (left); Judge Rosalind Michie. *Back Row (left to right):* Mary Ellen Nurse, crown prosecutor; Aleshia Bushen, Senior Probation Officer; Stephanie Hillson, Legal Aid; Jennifer Furlong, Cumberland Restorative Justice Society; and Belinda Roy, Court Reporter. This photo was shared independent of the research.



Although there are clear penalties for participants who do not fulfill the requirements of their support plans, the program still struggles with the public perception that participants are not being held accountable for their criminal actions. One research informant suggested more public education is needed around “the goals and mandate and the purpose of the therapeutic court and what the advantages are” for both the participants and the community.

As there was no separate funding to establish the mental health court component, partnerships and in-kind support from Mental Health and Addictions Program at the NSHA were crucial to complete the assessments for eligibility and provide health-care services to the participants. One research informant noted that without “a social worker or a designated person” to serve as a case manager, the creation and management of support plans is done jointly by defence counsel, a clinician involved in the wellness court, community corrections or a partner from a community organization.

Legislation restricting the sharing of health and justice information makes it difficult for the court team to maintain open lines of communication with their community partners. These restrictions are somewhat justified in that this is sensitive and personal information that should be limited to those people who need to access it. It continues to be a point of tension that is under negotiation, in order to support communication for the purposes of delivering services.

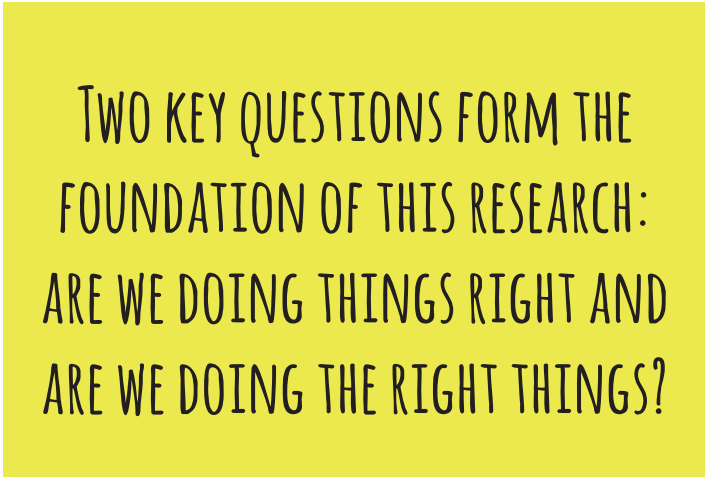
## PART 2 — COLLECTING AND ANALYZING THE DATA

### Theoretical Foundations

Our evaluation and research for this project are guided by recovery-oriented principles, principles of participatory action research, and critical theory. Critical theory is questioning or challenging existing norms and status-quo beliefs to avoid perpetuating oppression and inequalities. Social norms, historical understandings, traditions, routines and ideological concepts are examples of things that can be critiqued to understand how things function and who is or is not benefitting from them.


Our ongoing research will focus on understanding the participants’ journey through life from their own perspective and will address questions and issues relevant to the full range of people who participate in the research, including service users, practitioners, policy/decision makers, and researchers. The data collected is critiqued so that areas for improvement can be identified.

Two key questions form the foundation of this research: are we doing things right and are we doing the right things?<sup>8</sup> These two questions draw attention to the specific processes in Nova Scotia Wellness Court Programs that are believed to contribute to successful outcomes (second question) and the specific ways that these processes are carried out so that they align with the needs of court participants (first question).



TWO KEY QUESTIONS FORM THE FOUNDATION OF THIS RESEARCH:  
ARE WE DOING THINGS RIGHT AND  
ARE WE DOING THE RIGHT THINGS?





The goal is to differentiate between evaluating outcomes and evaluating how strategies and approaches allow for outcomes to be reached.

## Community Driven Approach

In anticipation of the 10th anniversary of Nova Scotia's first Wellness Court Program, The Hon. Pamela Williams, Chief Judge of the Provincial and Family Courts and the presiding judge in the Dartmouth Wellness Court, initiated discussions about an evaluation of the program. She, along with two Directors of Court Services with the Nova Scotia Department of Justice, met with Dr. Crystal Dieleman to discuss the parameters for an evaluation. They agreed this was a good opportunity to also evaluate and report on the success of the related programs in Dartmouth and three other Wellness Court Programs that have launched in other Nova Scotia communities since 2009.

The goal was to outline the social, historical, and ideological forces that have enabled Wellness Court Programs to thrive and expand, to gain a recovery-oriented perspective of outcomes experienced by the people who participated in these programs, and to gain an informed perspective of the costs and benefits of operating Wellness Court Programs.

The research team opted for a multiple case study approach to reflect the uniqueness of each program in relation to community needs and resources. Some cross-case analysis is provided to examine commonalities and differences.

The project was designed to gain input from a broad range of sources and to leverage the diversity of participants, team members, and community partners by ensuring broad representation on the research team and equitable participation of individuals from the four Wellness Court Programs included in this study. Recognizing that everyone engaged in the project has knowledge to contribute, the express intention was to learn together.

## Research Questions

The main objective of these Wellness Court Programs is to improve participants' health outcomes and quality of life in order to decrease the likelihood of reoffending. With that in mind, there are two questions driving the direction of this study:

1. What are the health, social and justice outcomes for people who have been referred to and/or participated in a Wellness Court Program since the first such program began in 2009?
2. What are the underlying ideologies, approaches, processes and mechanisms of Wellness Court Programs, and how might these impact program design and opportunities for individuals' recovery?



## Qualitative Data Collection

The research team used standard data collection methods for qualitative research, including interviews, focus groups, and document review. At the time of this report, the research team had conducted six focus groups and 15 individual interviews across the four Wellness Court Programs. Qualitative data was gathered from seven court graduates and 31 team members (*Table 1*).

**Table 1. Qualitative Data Collection**

Court	Court Graduates	Team Members
Dartmouth (2009)	3	8
Kentville (2014)	2	8
Amherst (2016)	2	7
Port Hawkesbury (2012)	0	8
<b>Totals</b>	<b>7</b>	<b>31</b>

The research team conducted individual qualitative interviews with program graduates and individual interviews or focus groups with team members in a community location of their choice. These interviews or focus groups lasted from 1-2 hours and were conducted in a semi-structured format, such that the research team had a set of guiding questions but was not restricted to those. This was done to allow for follow-up questions, as needed. Focus groups were completed with team members only, with a maximum of six participants per group. Each session lasted approximately 1.5 hours. All interviews and focus groups were audio recorded, transcribed, and de-identified for analysis.

Consent to access graduates' court program records was provided by each graduate and access to the record was facilitated by the court programs' administrative assistant or an appointed team member. Court program records are maintained at each Wellness Court Program, independent of either health-care or justice central records system. These records were part of the document review and were triangulated with data collected from the interviews and focus groups. Team members were also asked to share any program materials that outlined the program's history, structure and/or operations.



## Qualitative Data Analysis

Once the qualitative interviews and focus groups were transcribed and de-identified, they were uploaded into Atlas Ti (v. 8) for analysis. Atlas Ti is qualitative data analysis software that helps with the organization and management of large data sets. In addition to generating preliminary findings regarding Wellness Court Program operations and the experience of court graduates, the software was also used to help develop the non-comparative case descriptions of each program. Analysis of this data is ongoing and further findings will be released in the months to come.

In addition to generating a preliminary analysis of program operations and the experience of court graduates, non-comparative case descriptions of each court program that speak to their history, ideology, philosophy, challenges and successes also emerged. These descriptions are provided earlier in this report. The description of the Dartmouth Wellness Court was collaboratively written among the Research Team and the court team and as such extends beyond collected data.

## Analysis of Existing Quantitative Data

Part of this research includes the secondary analysis of data collected by the Department of Justice and the Nova Scotia Health Authority, as it pertains to Wellness Court Program graduates. Information about key indicators of success and outcomes deemed meaningful by court participants gleaned from qualitative data will inform this second phase of the research project.

Where the Mental Health Court Program at the Dartmouth Wellness Court has been in operation for a decade now, there were sufficient participants to warrant an analysis of the quantitative data. The goal is to understand what indicators and outcomes are currently being collected by Justice and the NSHA, to see how they may align with or differ from qualitative data collected in the first phase of this research project.

Outcome indicators for people who have been accepted into the Mental Health Court Program at the Dartmouth Wellness Court will be collected from Justice to provide information on criminal recidivism or re-contact with the justice system, as well as outcome indicators from the NSHA to provide information on uptake of health services.

This study employs two comparison conditions to quantify justice and health services indicators separately. Participants in the sample will be divided into three study groups: people who were accepted into the program but did not participate; people who were accepted, participated, but did not complete the program (for any reason); and people who were accepted, participated and successfully completed from the program.

For each of the three groups, a comparison will be made between outcome indicators for the two-year period before the participant entered the Mental Health Court Program and the two-year period after the participants exited the program. This will allow the research team to compare within groups before and after participation in the program.

The research team will also conduct a comparison between the three groups to look for significant differences. The pre/post within-group and between-group comparisons will be made for both criminal recidivism and re-contact, and access to health services outcome indicators, respectively. This data is just now being collected and will be analyzed and released in the coming months.



## PART 3 – PRELIMINARY FINDINGS

Because the recruitment of court participants took additional time, the preliminary findings stem mostly from the interviews and focus groups conducted with team members. The origin of supporting quotes from the research (team members or court participants) is indicated. The preliminary findings include four major themes: court structure, community, court team, and change.


### Court Structure

- **Establishing Wellness Court Programs**

- Courts were established by professionals working in the criminal justice system and the response to seeing “the same people coming to court over and over without seeing different results [and recognized that their needs were] and then not being addressed”. (Team Member 1) In other words, Wellness Court Programs were developed from the ground up by legal professionals wanting to see a more just system and hopefully target some of the causes of crime in order to reduce recidivism.
- While the discussions between defence lawyers, crown prosecutors, probation officers and Judges in each community were a catalyst for developing these programs, support from other sources was also needed for the programs to get off the ground. For example, securing court time, having a dedicated docket, establishing connections and partnerships in the community, and developing formal court protocols and guiding documents were essential for the programs to start accepting participants.
- Team members spoke about drawing inspiration and best practices from other court programs operating across Canada. This helped them learn what worked and what did not for other programs, during the early development phases.

- **Eligibility**

- Research informants identified several eligibility criteria that individuals need to meet to be accepted into the program. Some criteria were more formal than others, such as: voluntary agreement on the part of the court participant, a strong connection (nexus) between the index offense and the mental illness or substance use, the index offense falling within the jurisdiction of the Provincial Court, and the person being at least 18 years of age.
- When a court participant voluntarily agrees to take part, the team saw that as an acknowledgement of a need for assistance. One research informant noted that it was also a key factor in entering the program where “they may have qualified, but if they don’t want the help, then they will have to go back to the regular court system.” (Team Member 1)
- Another research informant explained that a nexus was determined to exist if it was clear to the team that “if it weren’t for a mental health diagnosis, [substance use issue], symptoms and treatment, the offense never would have happened.”
- In all the programs, the assessment of an existing nexus is jointly determined by the court team and informed by multiple assessments, collateral health information gathered from current treatment providers or existing health records, and a social and/or medical history taken by a team member. Whether the team member taking the history was a health-care



professional or whether the team accessed existing health records depended on the structure of the court team in each location.

- Other factors play a role in whether a person is deemed eligible but were not listed as formal eligibility criteria, such as a level of insight about their own mental illness or substance use issues, whether the court team feels it can “offer [support or assistance] that is going to make a difference”. (Team Member 2) Other eligibility criteria include the presence or absence of a diagnosis, the type of diagnosis or substance used, the availability of housing, the participant’s capacity to engage (described as the stability of a mental illness), or the type of charge (level of violence or risk to the community).
- Whether the court team felt it could adequately support or assist a participant was often dependent on the training and expertise of the team members and the availability of services and programs in the community. This tells us that differences in court structure and processes are dependent on the makeup of the court team and available community partners and resources.

- **Court Processes**

- The number of times a Wellness Court Program sits each month varies. Some locations sit weekly, others only once or twice a month. Regardless of the frequency or specific day of the week, all the court teams meet privately earlier in the day to discuss the upcoming files and court sits in the afternoon, which is open to the public. The team meetings were used to discuss new referrals, people in the eligibility screening phase, the progress of court participants, and decisions about completion.
- Involving the community partners, as well as the legal and health-care professionals, enables the teams to discuss issues such as wait lists, the availability of services, and how a participant’s involvement in a specific program may have affected that participant’s progress in the Wellness Court Program.
- In addition to these team meetings, team members maintain open lines of communication with each other about their clients’ progress and/or well-being. They use these times together to synthesize previously shared information and inform what will be discussed in open court.
- The afternoon court sittings are an opportunity for more formal interactions between the participants and the Judiciary. As with any court proceeding, these afternoon sessions are recorded and monitored by court clerks to produce a court record of discussions and decisions. At times, new information presented by participants in open court necessitated changes to decisions made during the team meetings. Such changes were not unwelcome; in fact, they were key in maintaining flexibility and individualized support plans for the participants.
- Having these discussions in open court ensures the participants’ comments are considered in decision-making processes and included on court records. Other court processes, such as the signing of voluntary participation and consent forms, the completion of screening and eligibility assessments, and transferring a participant’s legal file to the Wellness Court Program, were observed at the Wellness Court Programs in this study, with slight differences in how each component was completed or the types of information used to make decisions (e.g. whether a health-care professional was available to collect pre-existing health data from other sources).



## Community

- **Geographic Location**

- Wellness Court Programs in rural areas of Nova Scotia reported a need to be particularly resourceful, making connections and reaching out for support from other organizations to meet the needs of participants that the court is unable to fill. In this way, the court teams in rural communities spoke about partnerships as a way to fill the gaps, which are identified on a case-by-case basis. The success of such connections is often dependent on shared values between the partners.
- The availability of services such as health care, transportation, housing, recreation and leisure programs, educational and employment opportunities, drug testing, or addictions services was variable or non-existent in some rural communities. That means additional resources in the form of time, transportation, and funding are often required to support participants in meeting their wellness goals. For example, taxi chits or community transportation initiatives helped address the absence of public transportation. But even then, additional funding was sometimes still required and unavailable.
- Because of these regional barriers, increased understanding about issues beyond the participant's control and reasonable flexibility with timelines and expectations of court participants was seen as a necessity to delivering effective services.
- Another feature of Wellness Court Programs in rural communities specifically is the increased visibility of the team members and program participants within their local communities. Many research informants noted that members of the general public often know who is participating in a Wellness Court Program. This can lead to increased pressure to produce successful outcomes, which are crucial in maintaining public support for Wellness Court Programs.

- **Resources**

- While social determinants of health, such as access to housing, food, employment, and social networks, are outside the Wellness Court Program's control, they can directly influence a participant's ability to meet the requirements of their support plan and the expectations of the court team. For these reasons, the community connections and partnerships are essential to creating a program that is capable of supporting participants.
- Wellness Court Programs rely heavily on the availability of resources in the community to work. For example, a general lack of safe, affordable housing affects whether participants have access to an appropriate place to live while in the program (e.g. housing that is not located in an area with high instances of crime and substance use). This can sometimes be a barrier to individuals participating in a Wellness Court Program (e.g. an eligible participant currently in custody who was unable to meet housing requirements that would make them eligible for bail).



- **Partnerships**

- Consistent with the previous themes, limited program funding and the complex social needs of participants make community partnerships essential to improving access to resources that participants may benefit from while enrolled in a Wellness Court Program.
- These partnerships are often built on shared values. As such, the physical location of a Wellness Court Program and whether a community organization has a mandate to serve a similar population, can influence the types of partnerships that are possible. This can also affect the court team structure and the types of services and supports that program participants can access.
- As described by one research informant, successful partnerships between justice and health-care professionals, as well as with community organizations, can “reduce the strain,” improve “continuity of care” and increase the program’s capacity to monitor participants. The same research informant noted that these partnerships make it more difficult for participants to “get away with anything because [team members] are all sharing information, all the time, and supporting each other.” (Team Member 3)

## Court Team

- **Job Roles and Impact**

- The legal professionals interviewed for this research project discussed how – regardless of their job title – their role in the Wellness Court Program differed from their role in the traditional criminal courts.
- While their role in the Wellness Court Program is similar to their responsibilities in the traditional criminal courts (e.g. the crown prosecutor is responsible for public safety), how they carry out those responsibilities is different (e.g. crown prosecutors participating in team meetings to inform their perspectives of how to manage public safety). The result is an approach to the law that considers a broad array of factors. A testament to the consideration of social factors, one research informant said they “joke about not practicing law, [and] actually practicing social work.” (Team Member 3)
- Additional tasks taken up by all team members include public education about Wellness Court Programs, building community connections and partnerships, and positioning themselves as advocates for wellness initiatives in court settings.
- Several tasks are often shared among team members, such as completing intake assessments and case management responsibilities, where there is no designated case manager. In these instances, each team member acts as a case manager, but only for a certain number of court participants. Alternatively, one team member takes on this role and communicates with the rest of the team.
- Several impacts resulted from these differing case management approaches including: the requirement for consistent, open and ongoing communication; the potential for duplicated efforts; or from a legal perspective, the possibility that the case manager might be prone to bias based on having a dual role in the court program.



- **Role of Health Care in Justice**

- While Wellness Court Programs are very much programs of the justice system, having input from a multi-disciplinary team is seen to be a benefit and essential to connect with participants and approach their situation from a holistic perspective. As one research informant said, this allows the court team to “develop support plans that are more realistic and more supportive of their recovery.” (Team Member 4)
- Having health-care professionals on the court team did not directly lead to expedited access to health-care services for participants. For example, wait lists and processes to access programs and services still applied. However, by having health-care providers involved, they can help participants navigate the health-care system, complete health assessments for the Wellness Court Program and connect them with community mental health clinics and other resources, as needed.
- Because few health-care professionals working with a Wellness Court Program are doing so as a fully funded or full-time position, their involvement requires support and commitment from their managers and the NSHA. For example, the amount of time a clinician dedicates to the Wellness Court Program would need to be approved by a supervisor or authority within the NSHA. However, the partnerships revealed that several participants were already seeking services through the health-care system, so a health-justice partnership was “a better way to be able to target those folks,” as one research informant pointed out. (Team Member 5) The Wellness Court Program provides additional monitoring and accountability that appears to increase a participant’s active involvement in health services, which enables more efficient service delivery. This was an unexpected and positive outcome, as there were initial concerns from the health-care providers that this partnership would create an unmanageable increase in their workloads.

## Change

- **Opportunities for Change**

- Change serves several purposes and informs several processes within the Wellness Court Programs examined in this research project. Often described as an opportunity for change, these programs are a chance for team members to target reasons for crime, thus changing how justice is typically delivered at the individual level, including sentences with little or no consideration about the reasons for crime.
- These programs were also seen as a chance for participants to engage differently with the justice system. They are given an opportunity to develop “support plans that were more realistic” (Team Member 4) and set goals for long-lasting changes in their lives, an observable difference from the traditional criminal justice system.
- The existence of Wellness Court Programs brought hope that system-wide changes to criminal justice could happen in the foreseeable future. For example, one research informant suggested it is conceivable to provide “support in every courtroom in the Province of Nova Scotia, so that we’re able to case manage in each court,” rather than limiting access to Wellness Court Programs to only certain regions. (Team Member 3)



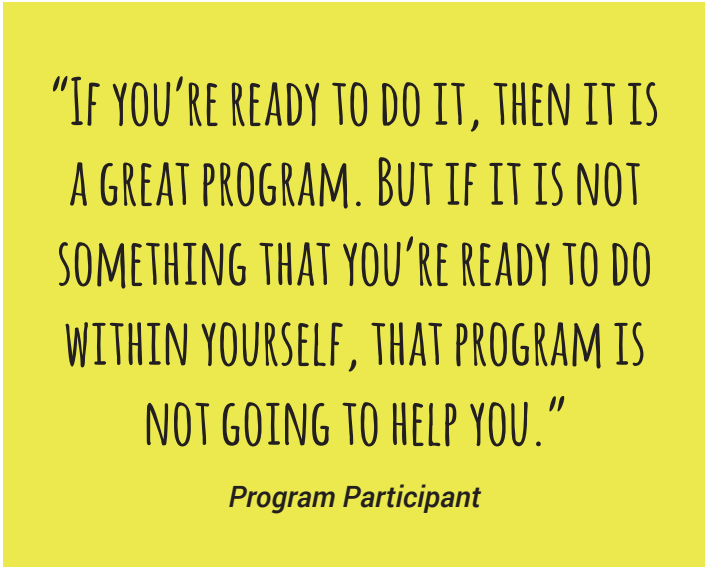


- **Changes to Wellness Court Programs**

- There is a need to be dynamic and responsive to shifts in the demographics of the participants coming through these programs (e.g. type of offenses, diagnoses), as well as with the community resources the programs can access and available treatment and partnership opportunities. As such, changes may be made to team structure, the number and types of programs offered, eligibility criteria, the number of people the program can accommodate, and court processes, as required.

- **Readiness for Change**

- A key ingredient for the success of Wellness Court Program participants is being ready for personal change. One program participant interviewed for this project described the success of these programs as follows: “If you’re ready to do it, then it is a great program. But if it is not something that you’re ready to do within yourself, that program is not going to help you.” (Court Participant 1)
- Research informants identified some indicators that would demonstrate a participant is ready for change, including reducing substance use; “doing the work” to make changes in their lives (Court Participants 1 & 2; Team Members 6 & 7); getting healthy rather than only “giving lip service” (just talking about it) (Court Participant 3), ; expressing being tired with constantly being in trouble with the law; a desire for freedom from drug-seeking patterns; showing motivation to try new things; and “buying-in” to the court. (Team Member 3)
- While being ready for change was regarded as necessary to fully benefit from the program, it was not always described as a conscious decision by the court participant. For example, some participants talked about feeling “lucky that [they were] in a good place” (Court Participants 3 & 4) and being able to “surround [themselves] with really good people” (Court Participant 2 & 3; Team Member 8) as reasons they not only felt ready but demonstrated a readiness for change and acceptance into the program.




“IF YOU’RE READY TO DO IT, THEN IT IS A GREAT PROGRAM. BUT IF IT IS NOT SOMETHING THAT YOU’RE READY TO DO WITHIN YOURSELF, THAT PROGRAM IS NOT GOING TO HELP YOU.”

*Program Participant*

- **Desired Changes**

- Having a case manager responsible for scheduling and organizing is one example of a desired change for some Wellness Court Programs with limited funding. While this specific position was often lacking, it was conceptualized as being a designated person who could provide appointment reminders to participants, track their attendance, complete the connections with community services as recommended by the team, and manage ongoing data collection for program evaluation purposes.

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- There is also a desire to increase the capacity of existing Wellness Court Programs, as well as the geographic regions that they serve. These changes are dependent on ongoing data collection and receiving additional funding. For example, funding for a dedicated case manager and other team members would allow for increased capacity, help address staff burnout and could be a model to create more Wellness Court Programs throughout the province, making it a standardized component of the criminal justice system.
  - Finally, there is a desire to create data collection and management processes as part of the everyday practices of the Wellness Court Programs, a change that would allow the court team to measure success beyond graduation and recidivism rates. Increased victim involvement and exit interviews with program participants at all stages were also identified as potential areas of change.

## PART 4 – MOVING FORWARD

Our initial research with these four Wellness Court Programs has generated a rich body of knowledge from team members about the often-unseen elements and rigours of operating a Wellness Court Program.


This report provides an initial glimpse into the findings of the project to help us gain clarity and understanding of the experiences of working and participating in a Wellness Court Program setting. The research team will continue to analyse the data already collected from team members and participants and pursue additional data sources that can provide a more sophisticated understanding of the services, systems, partnerships, investments, and outcomes of Nova Scotia's Wellness Court Programs.

Of particular interest to the research team are the outcomes related to the mandate of these programs, that is, to reduce criminal involvement through improved mental health and quality of life. Part of the challenge in doing this research is that much of the data on changes to mental health and quality of life does not exist.

Health information databases in Nova Scotia collect indicators of access to health services, but do not include information on changes to mental health status or social determinants of health, such as housing, employment, sustainable source of income, social networks and valued relationships, community engagement or participation with a cultural or spiritual community.

Therefore, it is crucial for future research and evaluation efforts to build the capacity of Wellness Court Programs to routinely collect and record such information in a format that can be used for routine program evaluation, as well as establishing a dataset that researchers can access, with the appropriate approvals and permissions.

Identification of health, social and justice outcomes for people who have been referred to and/or participated in a Wellness Court Program will continue to be examined through analysis of court participant interviews and the quantitative phase of this study. The process of obtaining funding, ethics approvals, and access to data has prolonged this stage of the study.



With respect to the underlying ideologies, approaches, processes and mechanisms of Wellness Court Programs and how these might impact program design and opportunities for individuals' recovery, preliminary findings indicate a blend of established protocols and in-the-moment deliberation and decision-making. The dedication of staff is evident, given the amount of work that is being done in addition to one's expected roles and responsibilities. There is a level of risk analysis, where the potential for successful outcomes is reviewed prior to admission to the programs. Given the brokerage model of services, participants are largely responsible for seeking supports and instituting major life changes. Accordingly, there is attention to a perceived "readiness" demonstrated on the part of prospective participants.

The Wellness Court Programs mark a commendable shift in the criminal justice system and the promising outcomes indicate a potential for reflecting on aspects that can be feasibly integrated into traditional Court settings. It is also important to recognise that many of the criminogenic factors addressed within these Courts are also identified as social determinants of health. While Wellness Court Programs model a supportive approach for people identified as having a strong connection between the index offence and a mental health or substance use issue, there is an element of prevention and support prior to an offence occurring that falls outside the Court's mandate and may be worth further investigation.



## GLOSSARY

**De-identified:** Removing information such as people's names or profession, place of residence, court location, or specific community program, which could lead to the identification of a research informant. De-identifying data prior to analysis can also remove any biases in the analysis process.

**Key Informant:** Team members or program participants who took part in the research.

**Program Participant:** Wellness Court Program graduates who took part in the research.

**Recidivism:** Having a subsequent contact with the criminal justice system (e.g. arrest, conviction, imprisonment). As such, for someone to experience 'recidivism', they have to have a criminal record in the first place. Recidivism is commonly used as a measure of program success in criminal justice research.

**Secondary Analysis:** Conducting an analysis of data that is already collected for someone else for a different purpose, but may help to answer different types of questions.

**Semi-structured:** A method for conducting qualitative interviews. The researcher has a list of questions that guides the interviews, however, they are not restricted to these questions. This allows for follow-up questions and clarifying questions.


**Team Member:** A staff member of a Wellness Court Program who took part in the research.

**Themes:** Groups of codes that describe, explain or provide meaning to something in the data.



## REFERENCES

- Anestis, J. C., & Carrbonell, J. L. (2014). Stopping the revolving door: Effectiveness of mental health court in reducing recidivism by mentally ill offenders. *Psychiatric Services*, 65, 1105–1122.
- Boothroyd, R. A., Mercado, C. C., Poythress, N. G., Christy, A., & Petrila, J. (2005). Clinical outcomes of defendants in mental health courts. *Psychiatric Services*, 56(7), 829–834.
- Boothroyd, R. A., Poythress, N. G., McGaha, A., & Petrila, J. (2003). The Broward mental health court: Process, outcomes, and service utilization. *International Journal of Law & Psychiatry*, 26(1), 55–71.
- Burns, P. J., Hiday, V. A., & Ray, B. (2013). Effectiveness two years postexit of a recently established mental health court. *American Behavioral Scientist*, 57, 189–208.
- Campbell, M. A., Canales, D. D., Wei, R., Totten, A. E., Macaulay, W. A. C., & Wershler, J. L. (2015). Multidimensional evaluation of a mental health court: Adherence to the risk-need-responsivity model. *Law and Human Behavior*, 39(5), 489–502.
- Christy, A., Poythress, N. G., Boothroyd, R. A., Petrila, J., & Mehra, S. (2005). Evaluating the efficiency and community safety goals of the Broward County mental health court. *Behavioral Sciences & the Law*, 23(2), 227–243.
- Comartin, E., Kubiak, S. P., Ray, B., Tillander, E., & Hanna, J. (2015). Short- and long-term outcomes of mental health court participants by psychiatric diagnosis. *Psychiatric Services*, 66(9), 923–929.
- Cosden, M., Ellens, J., Schnell, J., & Yamini-Diouf, Y. (2005). Efficacy of a mental health treatment court with assertive community treatment. *Behavioral Sciences & the Law*, 23, 199–214.
- Cosden, M., Ellens, J. K., Schnell, J. L., Yamini-Diouf, Y., & Wolfe, M. M. (2003). Evaluation of a mental health treatment court with assertive community treatment. *Behavioral Sciences & the Law*, 21(4), 415–427.
- Council of State Governments Justice Center. (2008). *Mental health courts: A primer for policymakers and practitioner*. Criminal Justice/Mental Health Consensus Project. New York, NY: Author.
- Dieleman, C., Kiepek, N., Campbell, R., Abriel, T. & Williams, P. (2018). *The Wall of Hope: Experiences of recovery and justice*. Presented at The OTher Symposium, Durban, South Africa, May 15-18.
- Dirks-Linhorst, P. A., & Linhorst, D. M. (2012a). Recidivism outcomes for suburban mental health court defendants. *American Journal of Criminal Justice*, 37, 76–91.
- Dirks-Linhorst, P. A., & Linhorst, D. M. (2012b). Recidivism outcomes for suburban mental health court defendants. *American Journal of Criminal Justice*, 37, 76–91.
- Frailing, K. (2010). How mental health courts function: Outcomes and observations. *International Journal of Law & Psychiatry*, 33, 207–213.
- Grbich, C. (1999). *Qualitative research in health: An introduction*. Thousand Oaks, CA: Sage Publications.
- Herinckx, H. A., Swart, S. C., Ama, S. M., Dolezal, C. D., & King, S. (2005). Rearrest and linkage to mental health services among clients of the Clark County mental health court program. *Psychiatric Services*, 56(7), 853–857.
- Hiday, V. A., & Ray, B. (2010). Arrests two years after exiting a well-established mental health court. *Psychiatric Services*, 61(5), 463–468.
- Howell, M. & Prevenier, W. (2001). *From Reliable Sources: An Introduction to Historical Methods*, Ithica: Cornell University Press.



Keator, K. J., Callahan, L., Steadman, H. J., & Vesselinov, R. (2013). The impact of treatment on the public safety outcomes of mental health court participants. *American Behavioral Scientist*, 57(2), 231–243.

Moore, M. E. & Hiday, V. A. (2006). Mental health court outcomes: A comparison of re-arrest and re-arrest severity between mental health court and traditional court participants. *Law & Human Behavior*, 30(6), 659–674.

Olszewski, B., Macey, D., & Lindstrom, L. (2006). The practical work of coding: An ethnomethodological inquiry. *Human Studies*, 29(3), 363–380. Doi: <http://dx.doi.org/10.1007/s10746-006-9029-2>

Palermo, G. B. (2010). The Nevada mental health courts. *International Journal of Law and Psychiatry*, 33(4), 214–219.

Ray, B. (2014). Longer term recidivism of mental health court defendants. *International Journal of Law & Psychiatry*, 37, 448–454.

Ray, B., Kubiak, S. P., Comartin, E. B., & Tillander, E. (2015). Mental health court outcomes by offense type at admission. *Administration & Policy in Mental Health & Mental Health Services Research*, 42, 323–331.

Senate Standing Committee on Social Affairs, Science and Technology (2006). *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*. Ottawa: Government of Canada.

Steadman, H. J., Redlich, A., Callahan, L., Robbins, P. C., & Vesselinov, R. (2011). Effect of mental health courts on arrests and jail days: A multisite study. *Archives of General Psychiatry*, 68(2), 167–172.

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. London: Sage Publications Inc.

Trupin, E., & Richards, H. (2003). Seattle’s mental health courts: Early indicators of effectiveness. *International Journal of Law & Psychiatry*, 26(1), 33–53.

Verhaaff, A., & Scott, H. (2015). Individual factors predicting mental health court diversion outcome. *Research on Social Work Practice*, 25(2), 213–228.

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## Endnotes

- 1 Anestis & Carbonell, 2014; Burns, Hiday & Ray, 2013; Campbell, Canales, Wei, Totten, Macaulay & Wershler, 2015; Christy, Poythress, Boothroyd, Petrila & Mehra, 2013; Cosden, Ellens, Schnell & Yamini-Diouf, 2005; Cosden, Ellens, Schnell & Yamini-Diouf & Wolfe, 2003; Dirks-Linhorst & Linhorst, 2012a; Frailing, 2010; Herinckx, Swart, Ama, Dolezal & King, 2005; Hiday & Ray, 2010; Moore & Hiday, 2006; Palermo, 2010; Ray, 2014; Ray, Kubiak, Comartin & Tillander, 2015; Steadman, Redlich, Callahan, Robbins & Vesselinov, 2011; Trupin & Richards, 2003
- 2 Campbell, Canales, Wei, Totten, Macaulay & Wershler, 2015; Campbell, Adams, Ennis & Canales, 2015
- 3 Boothroyd, Poythress, McGaha & Petrila, 2003; Comartin, Kubiak, Ray, Tillander & Hanna, 2015; Keater, Callahan, Steadman & Vesselinov, 2013
- 4 Boothroyd, Mercado, Poythress, Christy & Petrila, 2005; Verhaaff & Scott, 2015
- 5 Campbell Adams, Ennis & Canales, 2015
- 6 Canada & Ray, 2016; Council of State Governments, 2008
- 7 [https://www.courts.ns.ca/Provincial\\_Court/NSPC\\_mental\\_health\\_program.htm](https://www.courts.ns.ca/Provincial_Court/NSPC_mental_health_program.htm)
- 8 Argyris, 1993