

ABSTRACT

Treatment, Diagnostic, Demographic, and Historical Factors

Affecting Mental Health Diversion Outcomes

by

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The deinstitutionalization movement, which began in the 1950s and culminated in the closure of most psychological institutions by the 1980s, promised to usher in a new era of community mental health (Torrey et al., 2010). While the movement, which began largely due to advances in psychological treatment and the exposure of widespread abuses in asylums, was well-intentioned, it ultimately created new problems for people experiencing mental illness. Many of the programs designed to handle the influx of newly-released patients were never fully funded or well-received (Human Rights Watch, 2003). The criminal justice landscape also changed dramatically around the same time, including new tough on crime policies and the war on drugs (Human Rights Watch, 2003; Primeau et al., 2013). With no clinical alternatives to arrest, people experiencing mental illness were more likely to be processed through the criminal justice system (Seltzer, 2005). Currently, people with mental illness are disproportionately represented in jails and prisons. One in seven state and federal prisoners and one in four people in jail meet criteria for having severe psychological distress (Bronson & Berzofsky, 2017).

In order to counter the unintended consequences of deinstitutionalization, mental health diversion courts have been developed. The courts are designed to provide targeted intervention for the special needs of people who are both justice-involved and experiencing mental illness. The goal of diversion programs is to link participants with mental health treatment and other

community-based services in order to both increase the quality of life of participants and decrease their impact on overall public safety in the community (DeMatteo et al., 2013). Prior research has identified benefits to diversion participation, most notably a reduction in recidivism (Alarid & Rubin, 2018; Case et al., 2009; Dirks-Linhorst & Linhorst, 2012; Han & Redlich, 2015; Hiday & Ray, 2010; Hiday et al., 2015; Hiday et al., 2013; Moore & Hiday, 2006; Steadman et al., 2011).

The current study sought to examine factors that might affect mental health diversion outcomes, including program completion and recidivism. Specifically, this study evaluated the effect of treatment type, demographic factors, diagnosis type, presence of substance use, and symptom severity on program outcomes. Participants who were assigned to receive residential treatment based on the typical evaluative process of the diversion program were less likely to complete the program. The presence of a substance use disorder and unstable housing appeared to contribute to the decision to assign a participant to residential treatment; those factors also predicted failure to complete the program. Ultimately, more research is needed to determine which aspects of the diversion intervention are most beneficial and appropriate.