

# MAGISTRATES COURT DIVERSION PROGRAM



**The Reintegration Puzzle Conference**

**June 2008**

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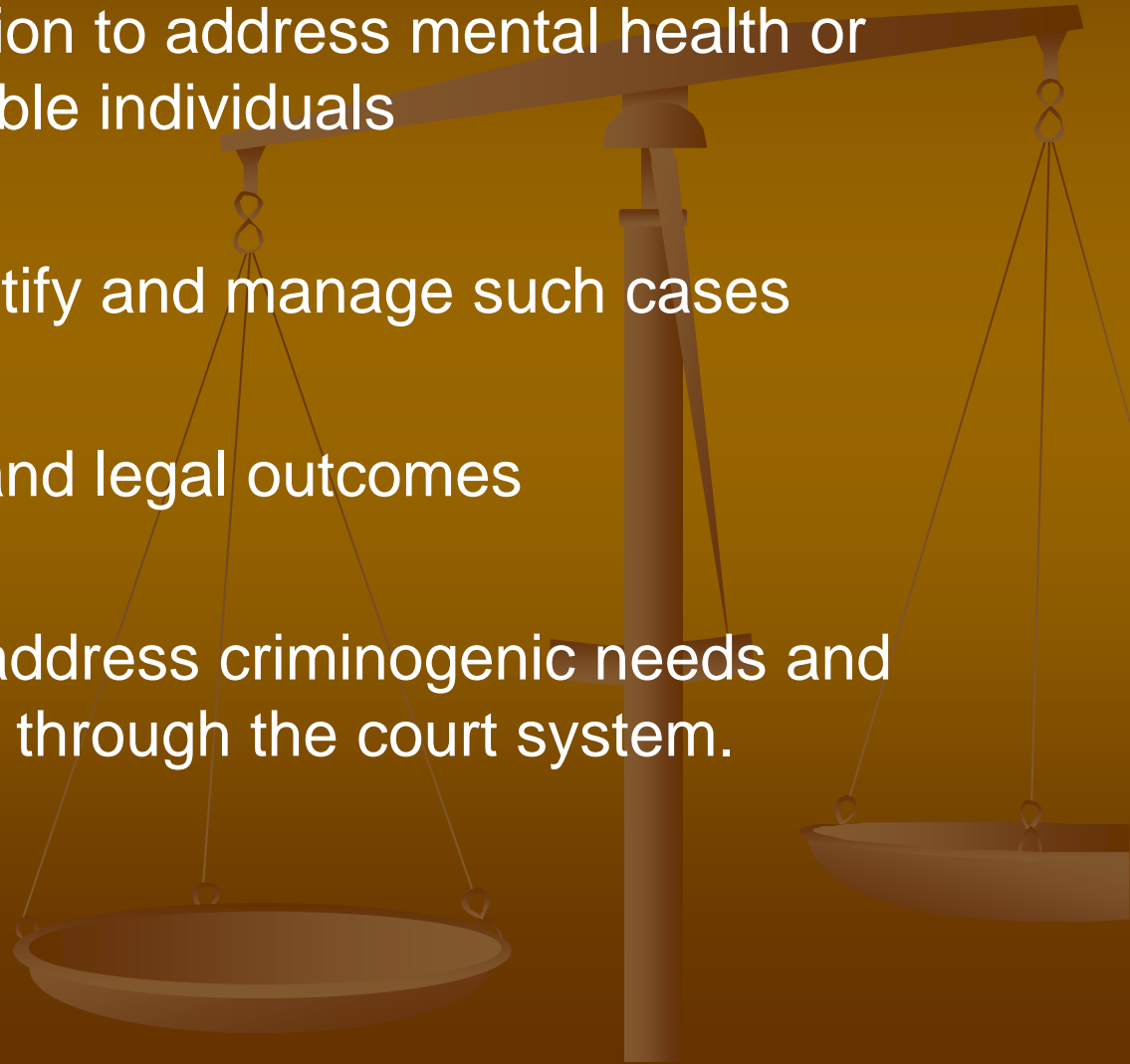
# Overview

- Pilot phase July 1999 – June 2000
- Permanent funding 2001
- Initially only in the Adelaide Magistrates Court
- Currently operates in all suburban courts, and various regional centers  
(Whyalla, Pt Augusta, Murray Bridge, Berri and Mt Gambier)
- Evaluated by Office of Crime Statistics
- Steadily increasing demand
- Approx. 228 clients completed the Program in the 2006-2007 period.

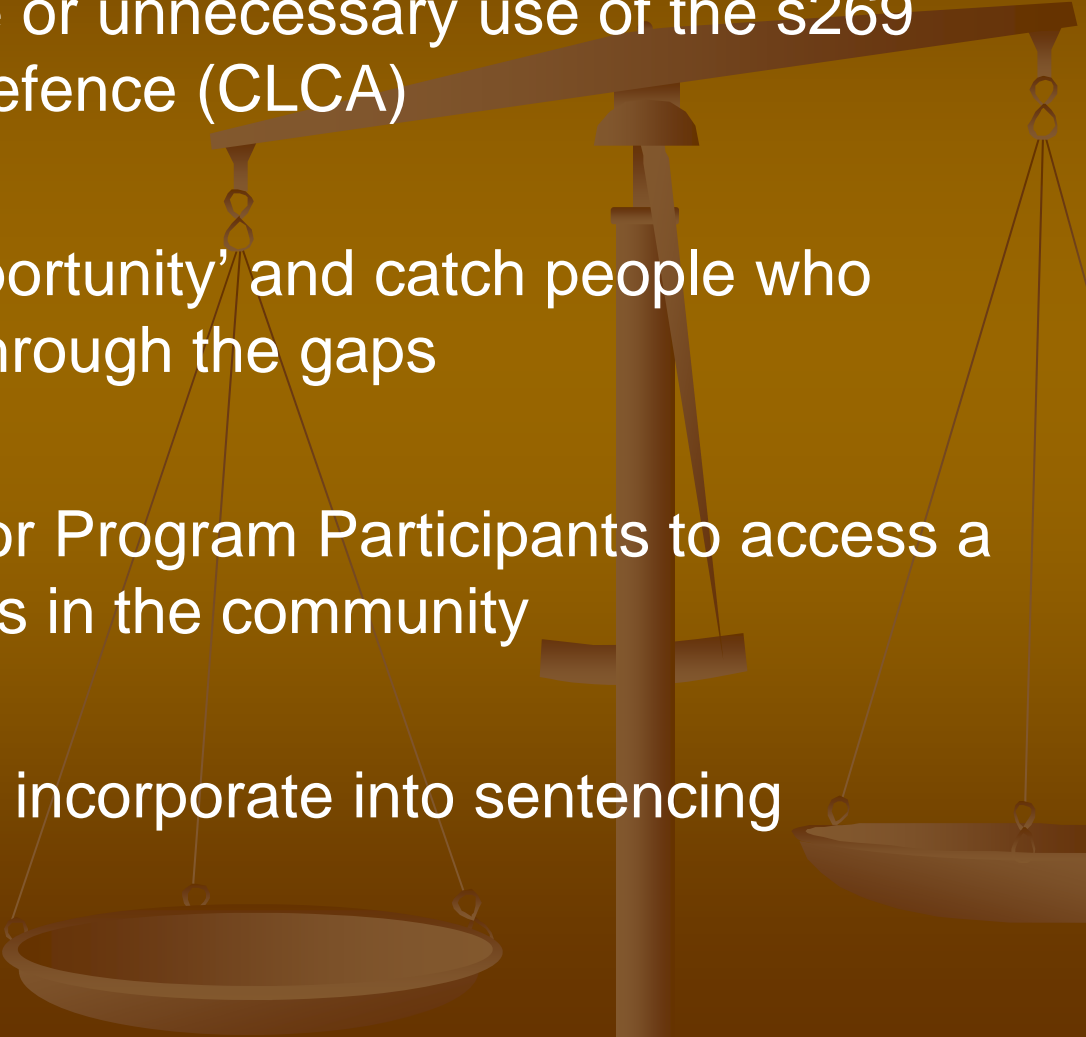


# Aims


- Provide early intervention to address mental health or disability needs of eligible individuals
- Assist the court to identify and manage such cases
- Focus on therapeutic and legal outcomes
- Reduce re-offending- address criminogenic needs and reduce 'revolving door' through the court system.



# Aims...

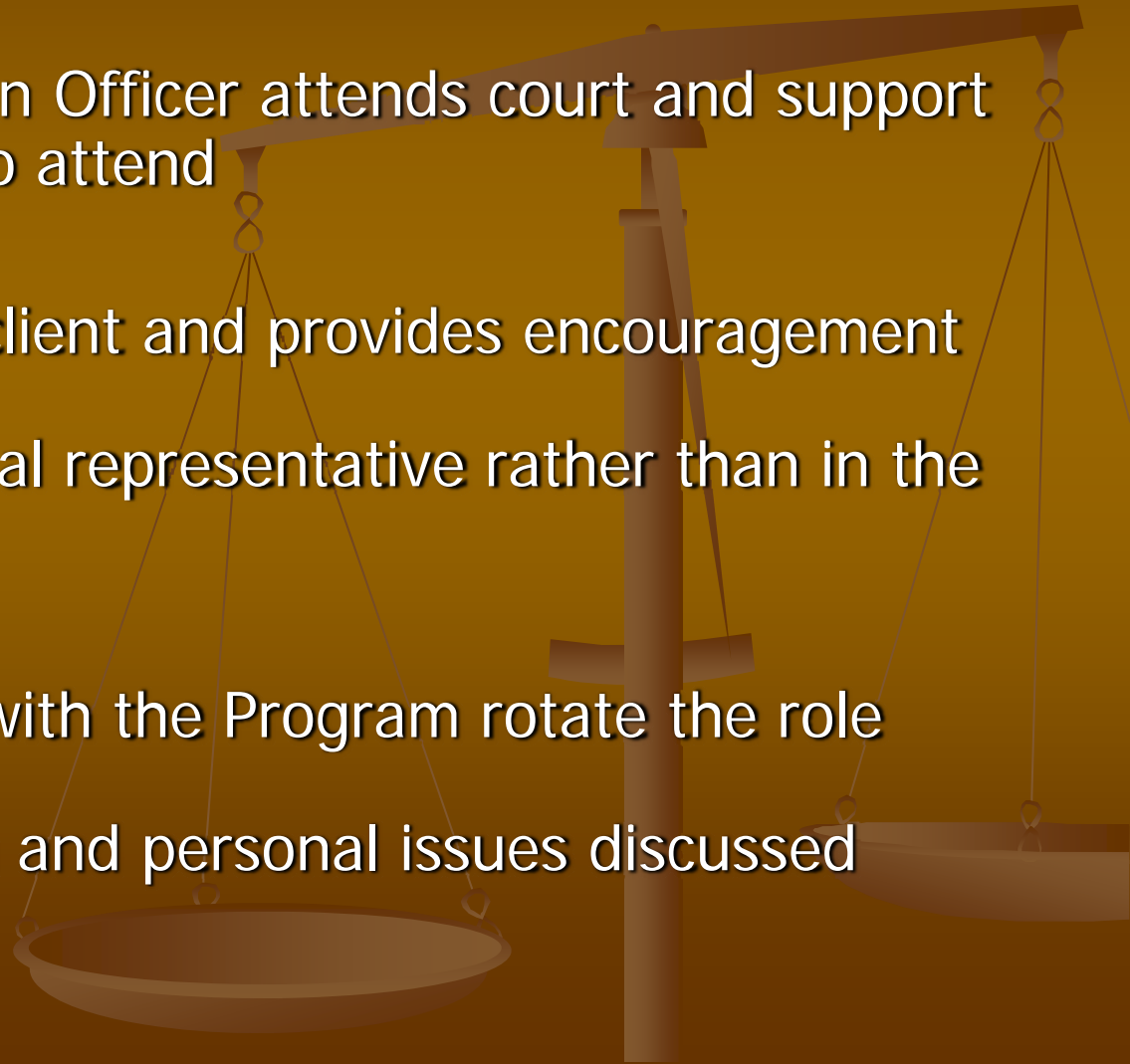
- Reduce inappropriate or unnecessary use of the s269 Mental Impairment Defence (CLCA)
  - Utilize 'window of opportunity' and catch people who might otherwise fall through the gaps
  - Provide opportunity for Program Participants to access a wide range of services in the community
  - Monitor progress and incorporate into sentencing
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# Key Features


- Open Referral System
  - Clinical staff work along side judicial staff
  - Voluntary process (consent given)
  - Guilty plea or agreement of objective elements
  - Individualised approach - Access to community resources
  - Compliance monitored via bimonthly reviews- removal possible
  - 6 month duration
  - Sentencing at Program completion
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# The Courtroom

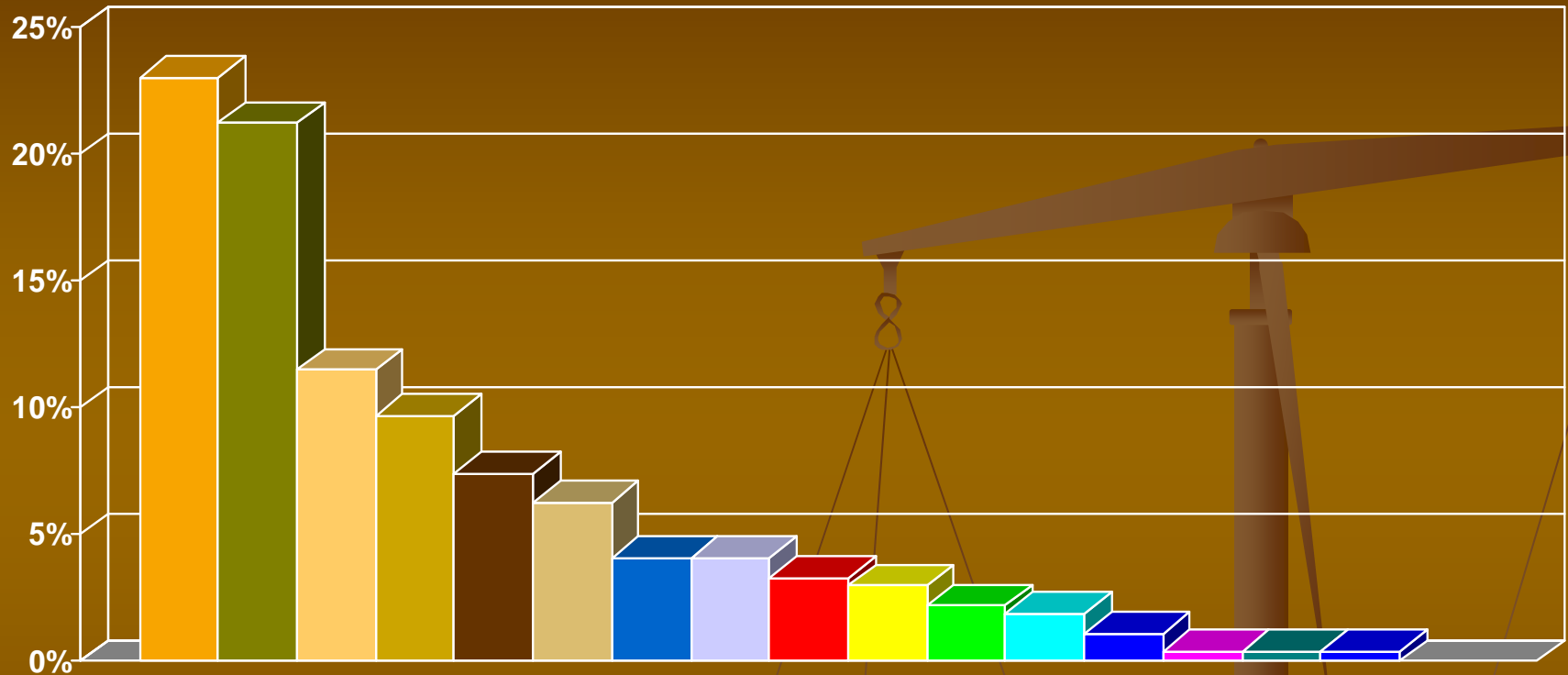
- Unofficially closed courtroom
- Client's Clinical Liaison Officer attends court and support people encouraged to attend
- Magistrate engages client and provides encouragement
- Client sits next to legal representative rather than in the dock
- Magistrates familiar with the Program rotate the role
- Clients mental health and personal issues discussed



# Assessment

- **Assess** individuals when referred
  - **Determine** eligibility
    - Mental illness
    - Intellectual Disability
    - Acquired Brain Injury
    - Neurological Disorder
    - Personality Disorder
  - Consider criminogenic need; readiness; service availability; previous participation; compliance history; safety; s269
  - Formulate Program Plan
  - Provide Clinical Opinion to the court - Report
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# Primary Diagnosis 2006-2007



23.0% - Major Depressive Disorder

9.7% - Intellectual Disability

4.1% - Psychotic Disorder

3.0% - Mood Disorder

1.1% - Impulse Disorder

0.4% - Not Known

21.2% - Schizophrenia

7.4% - Bipolar Disorder

4.1% - Acquired/organic brain dysfunction

2.2% - Other

0.4% - Dissociative Disorder

0.4%

11.5% - Personality disorder

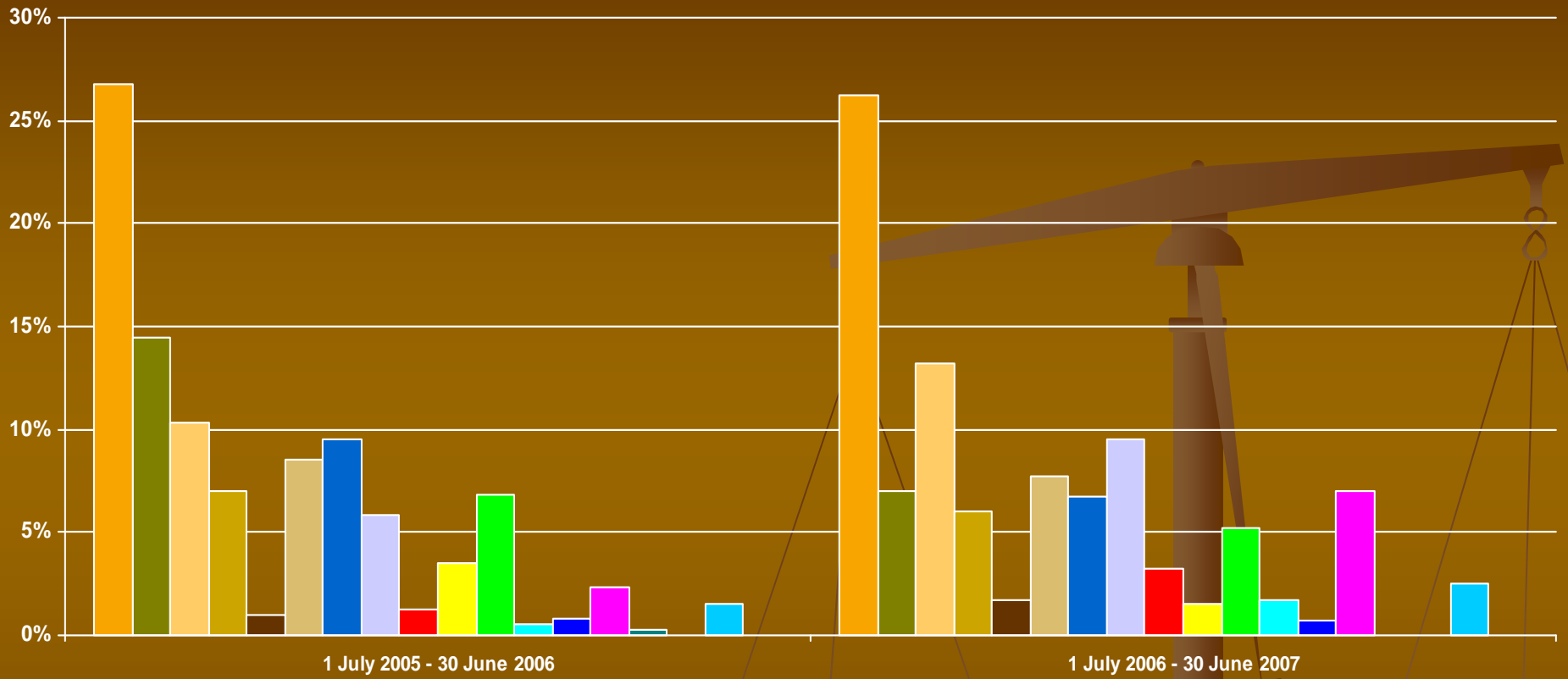
6.3% - Anxiety Disorder

3.3% - Post Traumatic Stress Disorder

1.9% - Developmental disorder

0.4% - Substance Related Disorder

# Primary Offence Comparison 2005/06 – 2006/07




- Larceny
- Assault Police
- Property damage and environmental offence
- Disorderly Behaviour
- Drug offences
- Burglary and break and enter
- Assault Non-Family
- Other
- Alternative Good Order Offence
- Fraud and misappropriation
- Common Assault
- Sexual Assault/Offence
- Driving offences
- Trespass
- Assault Family Member
- Fail to Comply With Restraining Order
- Receiving
- Robbery and extortion

# Challenges

- Eligibility
- Co-morbidity
- Voluntary Program – coercive?
- Balancing clinical need with court process
  - Brevity of client assessment – malingering?
  - Working within the Criminal Justice System
  - Complexity of issues



# CLINICAL LIAISON OFFICERS

- Social workers
  - **Implement** Program Plans and identify appropriate treatment options
  - **Advocate** for participants to access service provision
  - **Monitor** progress – ongoing assessments
  - **Progress** and **Final** Reports
  - **Liase** with Service Providers & form **professional networks**
  - **Promote** the needs of mentally ill offenders and secure service provision
  - Provide **Clinical Opinion** to the court
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# SERVICE PROVIDERS



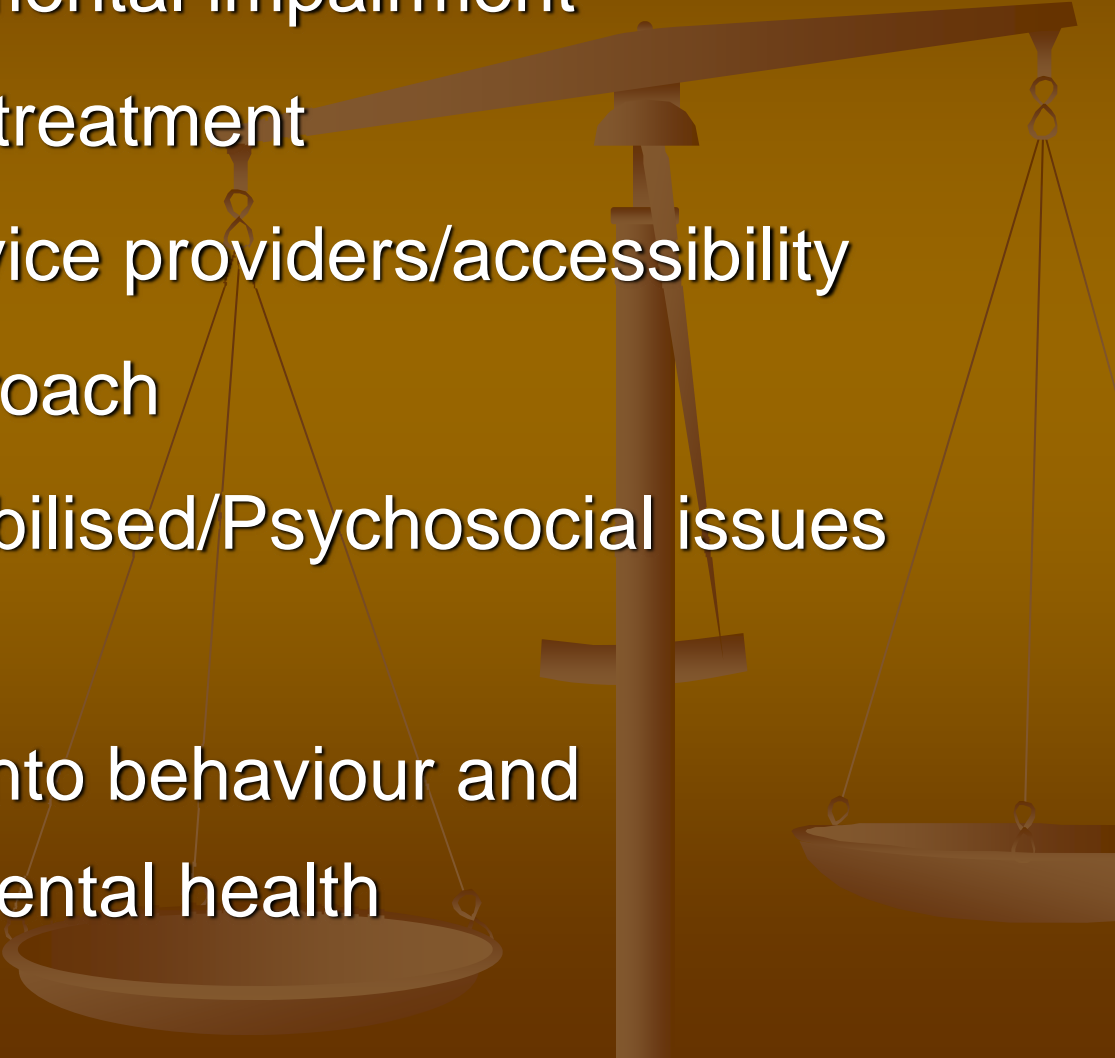
<b>Mental Health Services</b>	<ul style="list-style-type: none"><li>■ Clinical Assessment</li><li>■ Psychiatric Review</li><li>■ Case Management</li><li>■ Psychological Intervention</li></ul>
<b>Psychology</b>	<ul style="list-style-type: none"><li>■ Cognitive Behavioural Int.</li><li>■ Criminogenic Needs</li></ul>
<b>Drug &amp; Alcohol Services</b>	<ul style="list-style-type: none"><li>■ Counselling</li><li>■ Relapse Prevention</li><li>■ Harm Minimisation</li></ul>
<b>General Practitioners</b>	<ul style="list-style-type: none"><li>■ Monitor Physical/Mental Health</li><li>■ Specialist referrals</li><li>■ Medication</li></ul>

# COURT REPORTS

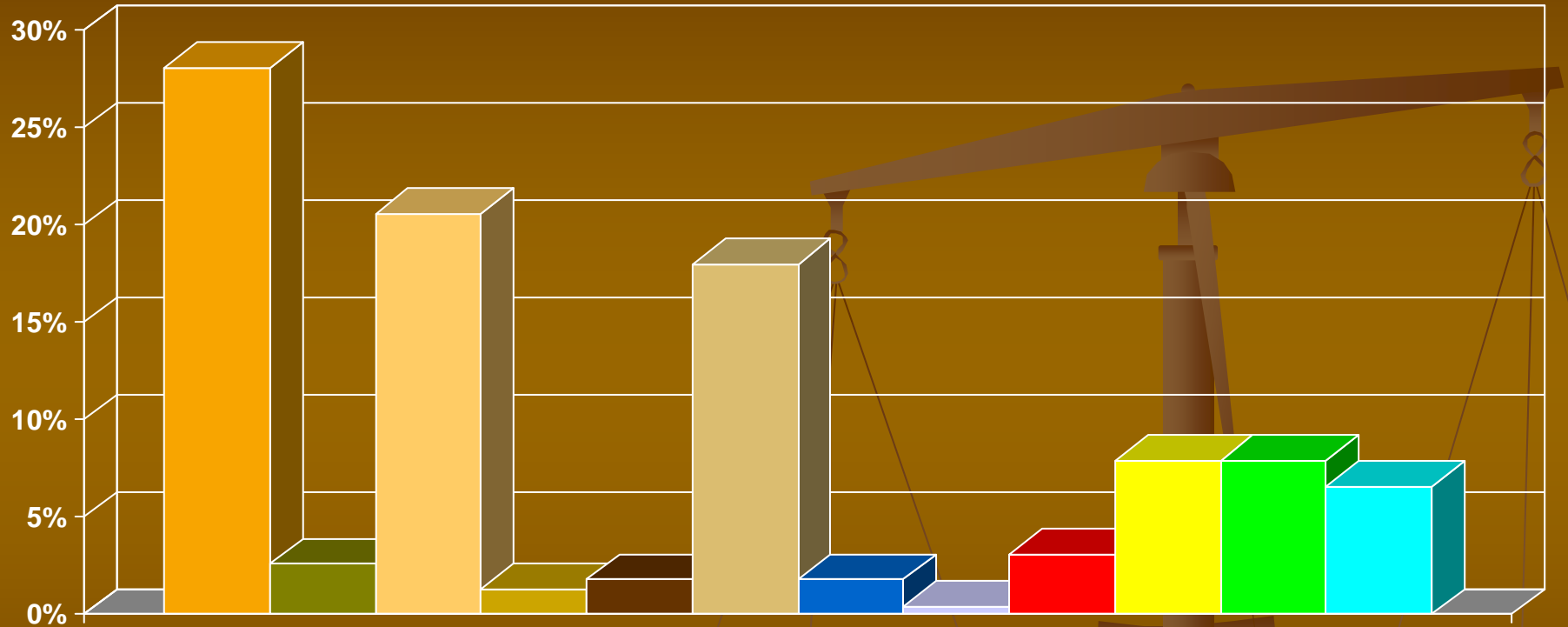
- Current mental state - stabilisation
- Level of Compliance & Motivation
- Progress
- Benefit of participation
- Criminogenic Needs
- Insight regarding mental health & offending



# CLINICAL OUTCOMES

- Clarity regarding mental impairment
  - Engagement with treatment
  - Awareness of service providers/accessibility
  - Collaborative approach
  - Mental Health Stabilised/Psychosocial issues addressed
  - Improved Insight into behaviour and management of mental health
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# FINAL COURT OUTCOMES 2006-2007



28.1% - Magistrate Dismissal

20.6% - Bond - Supervised

1.8% - No Conviction - No Penalty

1.8% - Prison term

3.1% - Conviction Recorded - No Penalty

7.9% - No Conviction - Bond

%

2.6% - Police Withdrawal Of Charges

1.3% - Fine

18.0% - Suspended Sentence

0.4% - Commonwealth Order & Recognizance

7.9% - Bond - Unsupervised

6.6% - Return To Normal Court - For Sentencing

# RECIDIVISM



70% (of the most serious offenders) did not offend in the 12 months following program completion

*Magistrates Court Diversion Program; An Analysis of Post-Program Offending (2004)*

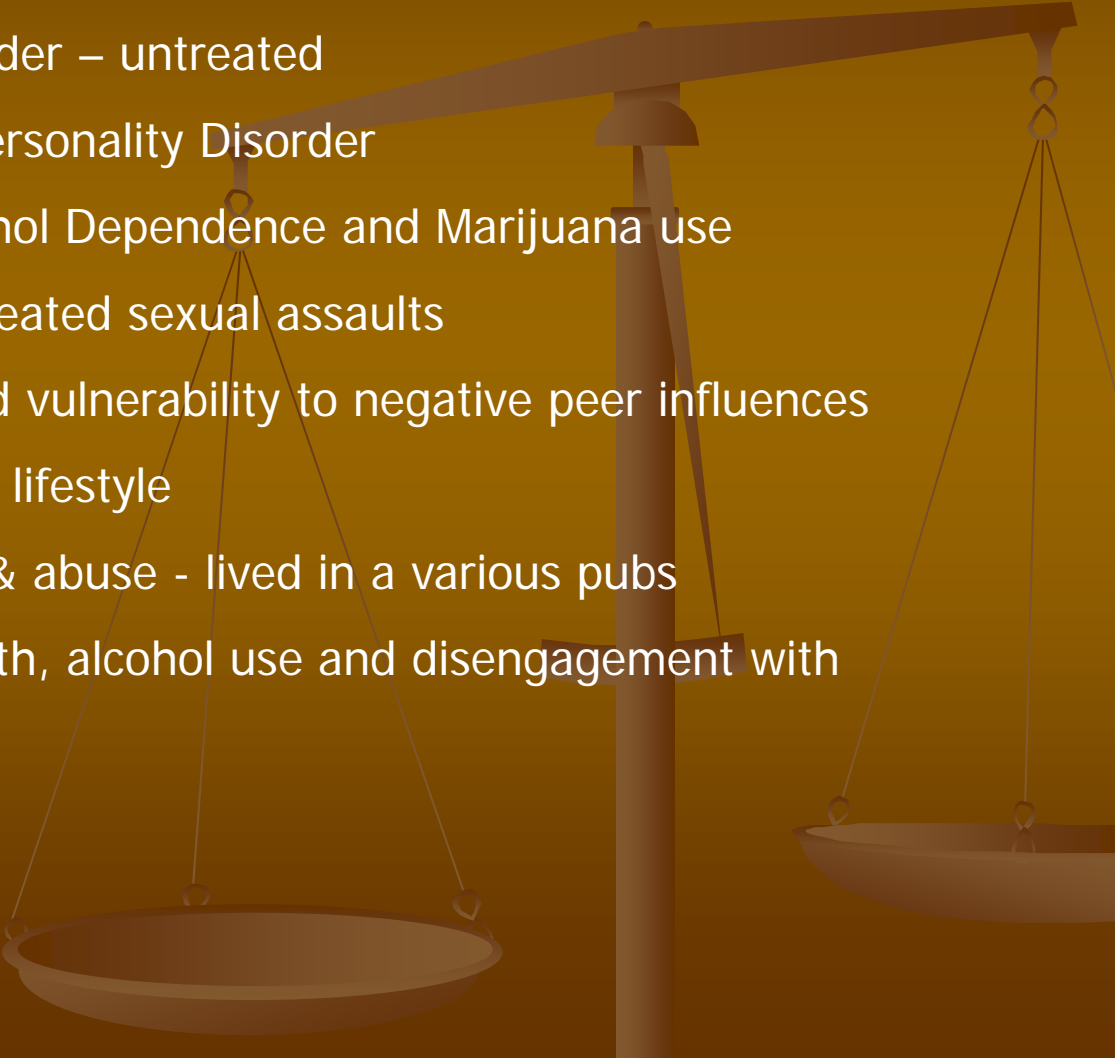
# CHALLENGES

- Availability of Service Provision
  - Addressing criminogenic needs through community services
  - Addressing Victim Issues
  - Complex Issues - 6 month program
  - Client Contact – telephone contact  
court setting
- 

# CASE STUDY



# Background

- 30 year old woman
    - Bipolar Disorder – untreated
    - Borderline Personality Disorder
    - Chronic Alcohol Dependence and Marijuana use
    - Victim of repeated sexual assaults
    - Transient and vulnerability to negative peer influences
    - Very chaotic lifestyle
  - Describes childhood of neglect & abuse - lived in a various pubs
  - Multiple relapses in mental health, alcohol use and disengagement with service provision
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# Criminal Offending



## Current Charges

- Dishonestly Take Property Without Owner's Consent
- Unlawfully On Premises
- Fail to Comply with Bail Agreement

## Criminal Offending History

- Significant offending history pertaining to larceny, assault, alcohol related offences, and damaging property
- Youth Offending history (age 12)

# Acceptance Court Hearing

- Anxious
- Preoccupied with court process
- Agreed to undertake Program Plan recommendations
- Magistrate encouraged her compliance
- Formal Acceptance as a participant following assessment
- Adjourned 2 months for 1<sup>st</sup> Court Review

## Adjourned 2 months for Review:

- ✓ Encouraged to comply with all directions



# 1<sup>st</sup> Court Review



## Enlisted assistance of GP to assist with specialist referrals

- agitated, suicidal ideation, depressive symptoms, increased alcohol

## Seen by Psychiatrist on several occasions

- Difficult to clarify mental health due to significant substance use
- Formal diagnosis of Bipolar Disorder - medication commenced
- Aligned with case manager from Mental Health Services
  - assisted with medication compliance
  - housing issues
  - psychoeducation

## Adjourned 2 months for Review:

- ✓ Supervised Bail - encouraged to continue with treatment plan despite her difficulty complying

# 2<sup>nd</sup> Court Review



## Supervised Bail

- Allocated DCS case manager
- Interventions Programs: Anger Management, D&A & Victim Awareness


## Ongoing Contact With Mental Health Services

- Assisted with admission to detoxification unit
- Following discharge, commenced on Naltrexone (GP and DASSA managed - streamlined treatment through MHS)
- Mental health continued to stabilise - medication compliance improve
- Continued difficulty in maintaining housing - linked with Uniting Care Wesley (Support Package to assist with maintaining independent accommodation)

## Adjourned for Final Court Hearing

- ✓ Praised for gradual improvement
- ✓ Encouraged to continue engagement

# Final Court Hearing/Outcome

- ✓ Significant reduction in offending behaviour
  - ✓ Dismissal of some charges
  - ✓ Good Behaviour Bond (12 months; supervised)
  - ✓ Remittance of all outstanding court fines
  - ✓ Court fees waived due to financial status
  - ✓ Stabilisation in mood/overall mental health
  - ✓ Decreased paranoia & suspicion
  - ✓ Reduced substance and alcohol use
  - ✓ Improved capacity to maintain independent housing
  - ✓ improved physical health issues
  - ✓ Decreased vulnerability
  - ✓ Shift away from negative peer influences
  - ✓ Insight/reduction into antisocial attitudes
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# MAGISTRATES COURT DIVERSION PROGRAM



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- <http://www.courts.sa.gov.au/courts> : link to Court Diversion Program