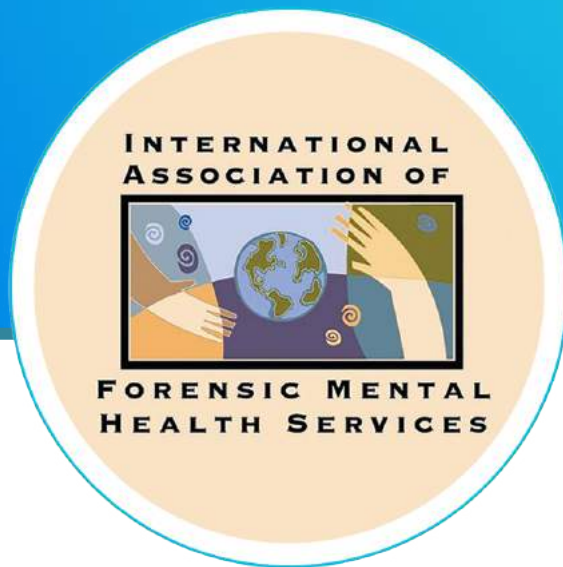


DIVERSION ALONG THE CRIMINAL JUSTICE PATHWAY: TRANSLATING RESEARCH FINDINGS INTO EVIDENCE-BASED PRACTICE

SYMPOSIUM PRESENTED AT THE 19TH ANNUAL IAFMHS CONFERENCE



Institut national
de psychiatrie légale
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Université 
de Montréal

Presenters

➤ Ashley J. Lemieux, Ph.D.



➤ Félicia Deveau, LL.B.



➤ Elisabeth Beauchamp, B.C.L./J.D.(c)



➤ Laurence Roy, Ph.D.



Context – At the intersection...



General objective

- To identify best diversion practices and implementation strategies to direct individuals out of the criminal justice system and towards appropriate services



How is research translated into practice?

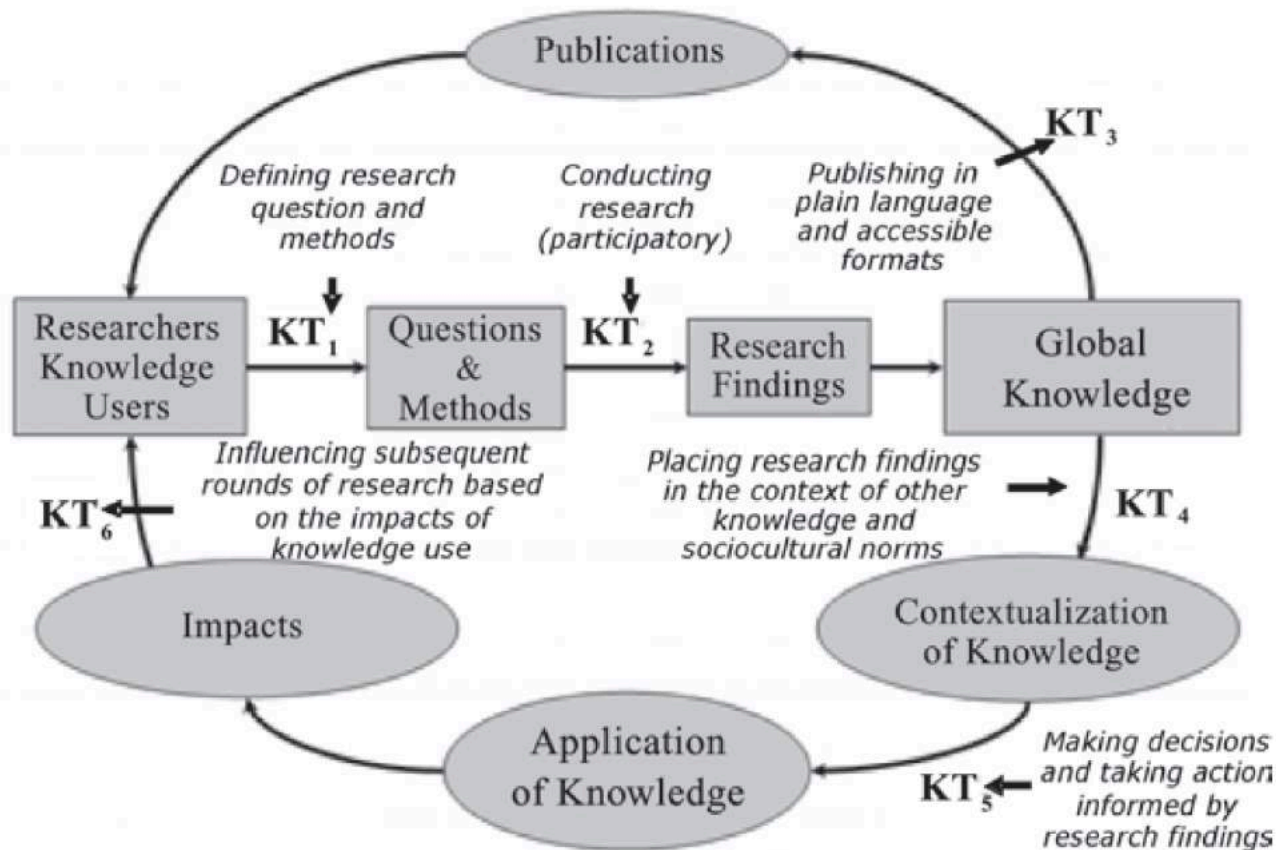


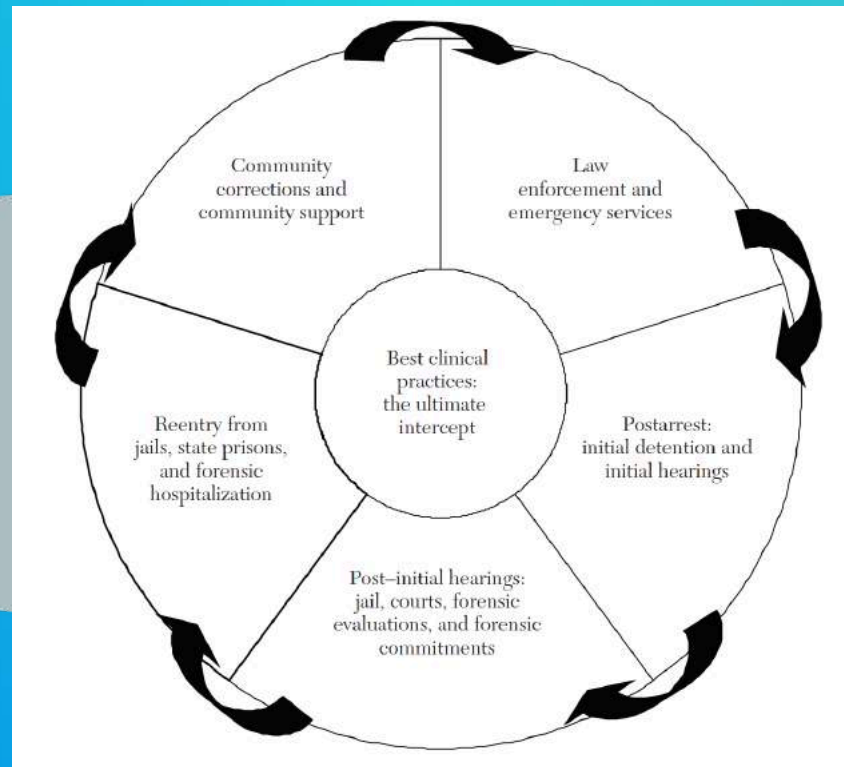
Figure 1. CIHR research cycle superimposed by the six opportunities to facilitate KT

(Source: Canadian Institutes of Health Research Knowledge Translation [KT] within the Research Cycle Chart. Ottawa: Canadian Institutes of Health Research, 2007. Reproduced with the permission of the Minister of Public Works and Government Services Canada, 2007).

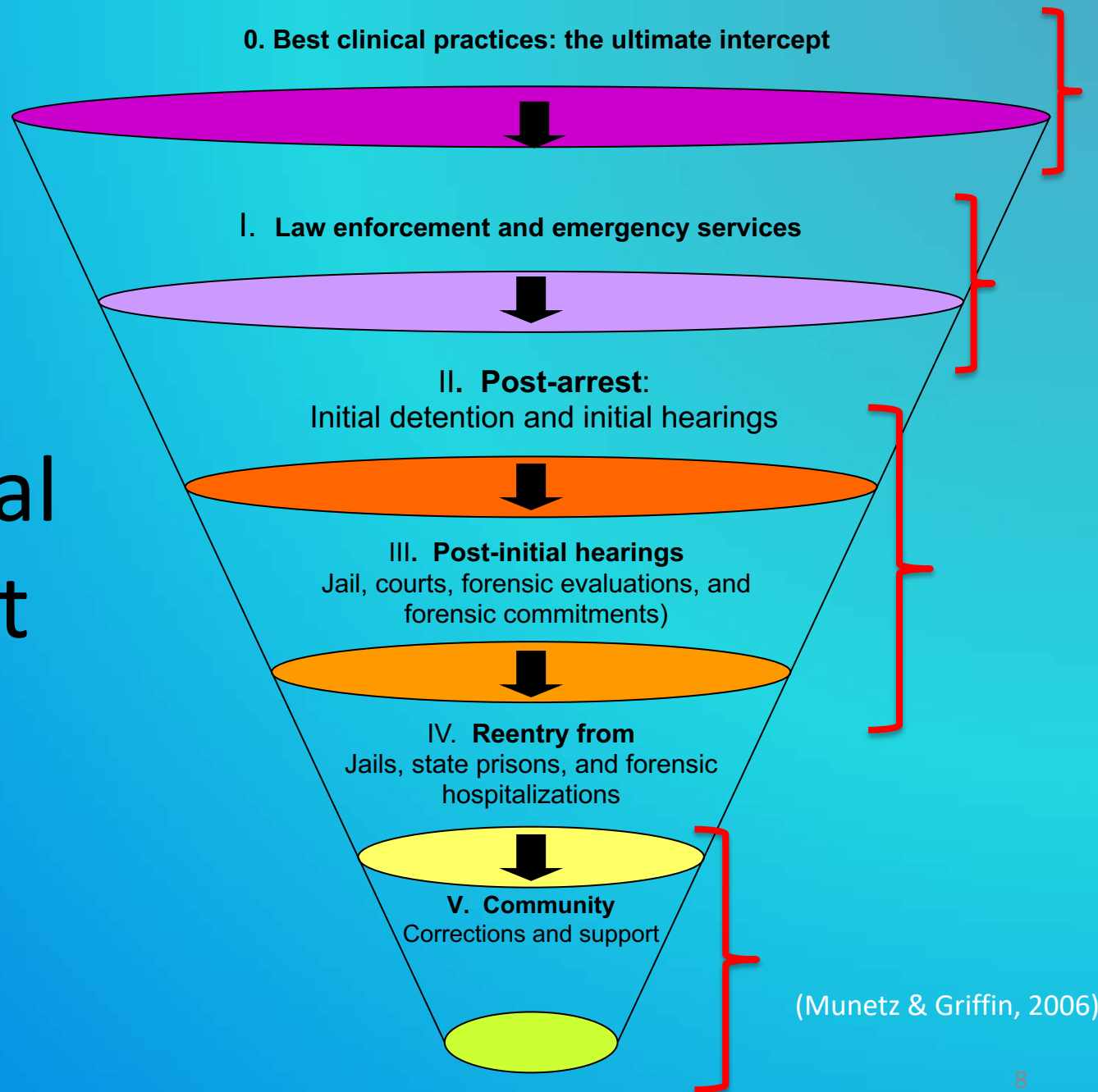
Plan

1. Theoretical framework and method
2. Synthesis of knowledge on pre-arrest diversion programs
3. Synthesis of knowledge on court-based diversion programs
4. Explore the roles of legal experts and mental health care professionals
5. Translating research findings to facilitate practice

Revolving doors



Sequential Intercept model



What do we know?

- What do we know about these diversion programs?
 - How can research findings be applied to practice?
 - How can gaps in knowledge be addressed in future research?



Method – Scoping review



Inclusion

- Diversion programs
 - court-based
 - police-based
- Mental illness
- English/French
- 1990-2018
- (Empirical)



Extraction

- Study
- Program
- Outcomes

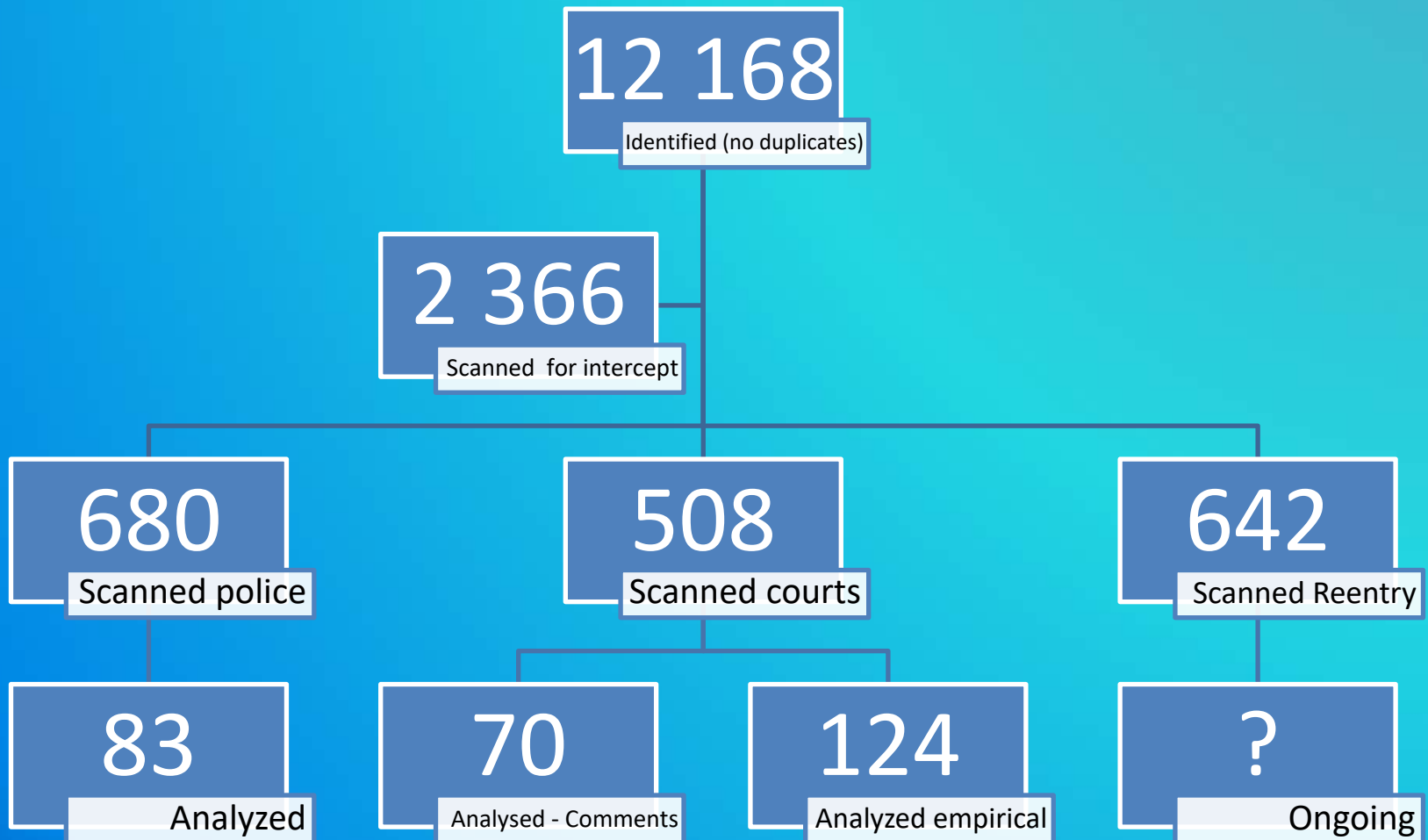


Consultation

Court-based diversion

- Policy makers, practionners from diversion programs (mental health workers, judges, prosecutors), community organisations, patient rights organizations, legal aid, etc...)

Method – Flow diagram



Part 1 – Intercept 1

Félicia Deveaux, Ashley J. Lemieux, Elisabeth Beauchamp, Marie-Hélène Goulet, & Anne G. Crocker

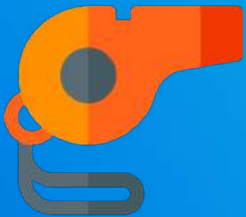
What is known about prearrest diversion programs for individuals with mental illness? A scoping review

Objective

- The objective of this scoping review is twofold:



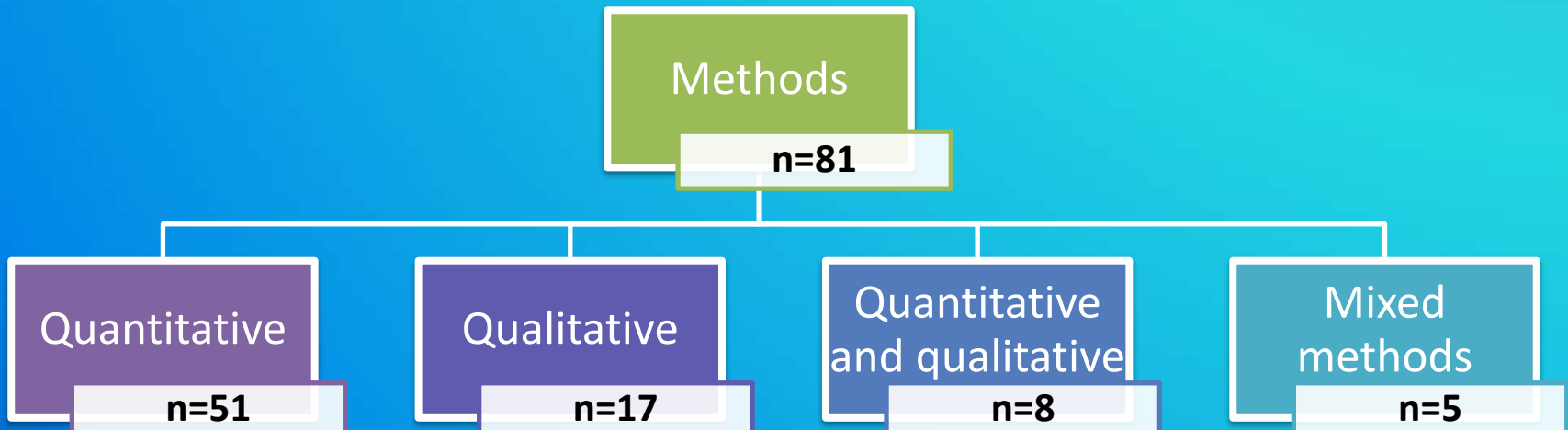
1) from a **research perspective**: document the existing literature in terms of number, type of studies, value of the evidence and country of origin, and identify gaps in the research



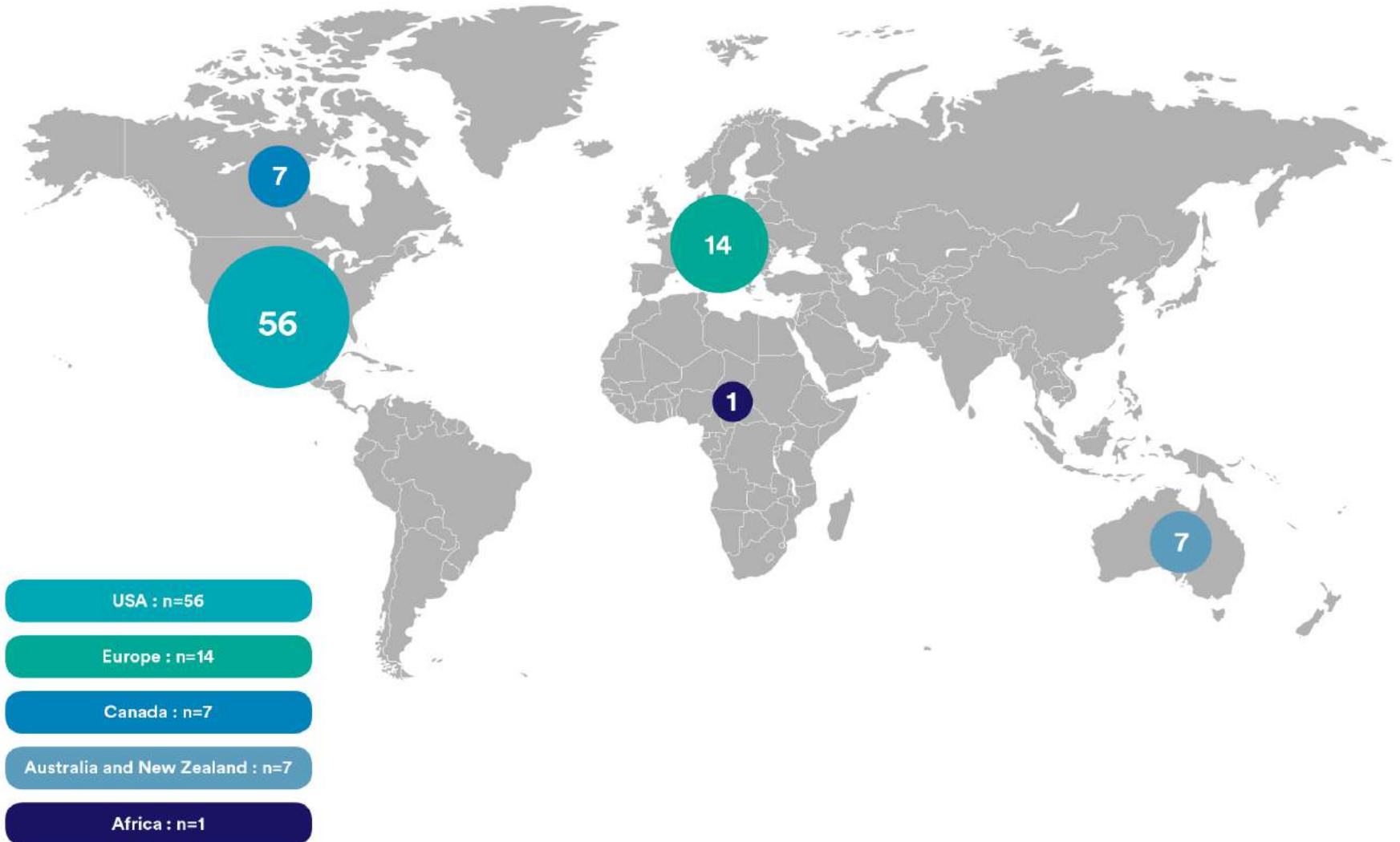
2) from an **intervention perspective**: document existing police interventions, identify best practices, define successful interventions and identify key stakeholders

Studies

- Sample = **81 studies**
 - ✓ Prearrest diversion program
 - ✓ Programs targeting individuals with mental illness
 - ✓ Empirical research
 - ✓ French or English
 - ✓ 1990 - 2018



Countries of origin



Study populations

Files
n=8

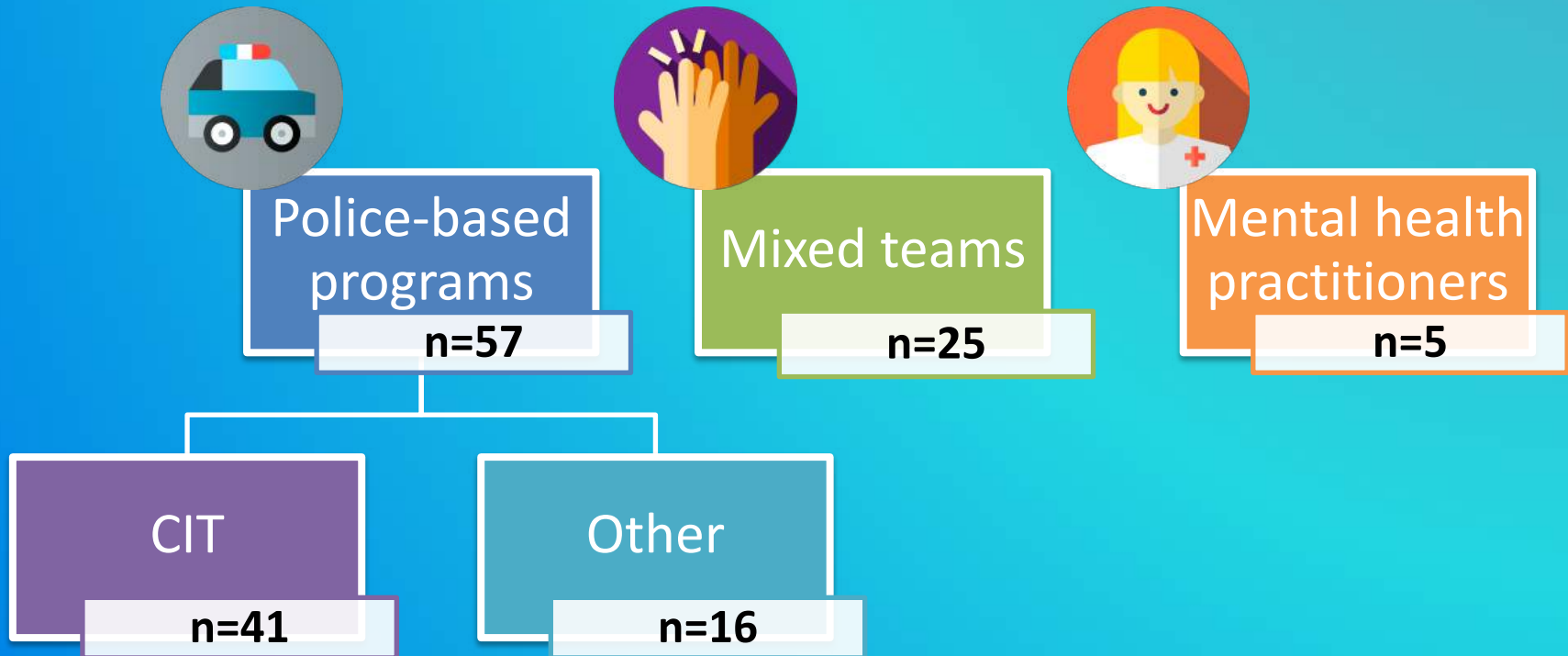
Calls
n=4

Professionals
n=57

Justice
involved
people with
mental illness
n=14

Programs
n=2

Prearrest diversion programs






Research objectives

Objectives		N
Impact on police officers' perceptions, attitudes, skills, knowledge and/or behavior		33
Impact on use of force by police officers		8
Impact on resolution of police intervention		17
Impact on recidivism and/or arrests		14
Impact on the use of other existing resources		9
Health and/or psychosocial impact of the program on individuals with mental illness		5
Description of the individuals targeted by the program		5
Cost analysis		5
Program description, evaluation and/or implementation		21



Results

Impact on police officers' perceptions, attitudes, skills, knowledge and/or behavior :

Improved		Did not improve
CIT n=17		CIT n=2
Other police-based program n=6		Other police-based program n=2
Mixed teams n=5		Mixed teams n=0
Mental health practitioners n=0		Mental health practitioners n=0



Results

Impact on use of force by police officers :

Reduced
CIT n=4
Other police-based program n=2
Mixed teams n=0
Mental health practitioners n=0



Did not reduce
CIT n=2
Other police-based program n=0
Mixed teams n=0
Mental health practitioners n=0



Results

Impact on resolution of police intervention :

Positive impact
CIT n=9
Other police-based program n=1
Mixed teams n=5
Mental health practitioners n=1






No impact
CIT n=1
Other police-based program n=1
Mixed teams n=0
Mental health practitioners n=0



Results




Impact on recidivism and/or arrests :

Reduced		Did not reduce
CIT n=2		CIT n=2
Other police-based program n=1		Other police-based program n=0
Mixed teams n=8		Mixed teams n=0
Mental health practitioners n=0		Mental health practitioners n=0



Results




Impact on the use of other existing resources :

Improved		Did not improve
CIT n=1		CIT n=2
Other police-based program n=0		Other police-based program n=0
Mixed teams n=6		Mixed teams n=0
Mental health practitioners n=0		Mental health practitioners n=0



Results

Health and/or psychosocial impact of the program on individuals with mental illness :

Improved		Did not improve
CIT n=0		CIT n=1
Other police-based program n=0		Other police-based program n=0
Mixed teams n=4		Mixed teams n=0
Mental health practitioners n=0		Mental health practitioners n=0

Results



Cost analysis :

Cost savings
CIT n=1
Other police-based program n=1
Mixed teams n=3
Mental health practitioners n=0









No cost savings
CIT n=0
Other police-based program n=0
Mixed teams n=0
Mental health practitioners n=0

Results



Program description, evaluation and/or implementation :

Positively described, evaluated or successfully implemented	
CIT n=2	  
Other police-based program n=2	
Mixed teams n=10	
Mental health practitioners n=1	

Not positively described, evaluated or successfully implemented	
CIT n=2	  
Other police-based program n=1	
Mixed teams n=0	
Mental health practitioners n=0	

Conclusion and future orientation

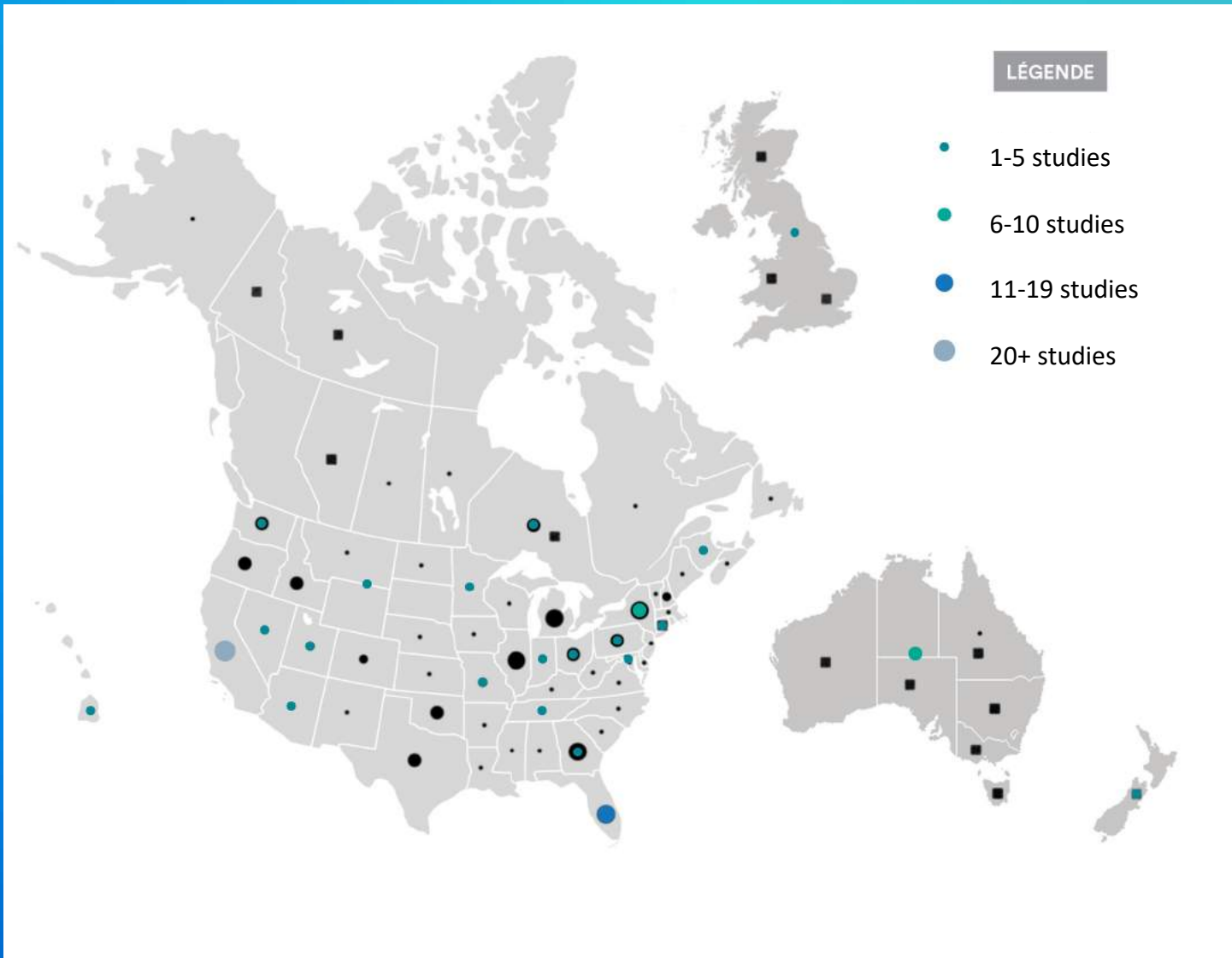
- Research pertaining to prearrest diversion programs focus mainly on the perspective of **police officers**.
- The vast majority of programs identified are **police-based models**.
- Few studies discuss more **long term impact** of the diversion programs over justice involved individuals with mental illness.
- Future research should **focus more on the people meant to benefit** from the diversion programs.
- The **success factors** of diversion programs should be redefined.

Part 2 – Intercept 2/3

Ashley J. Lemieux, Elisabeth Beauchamp, Alana Klein, & Anne Crocker

A scoping review of court-based justice diversion programs: Informing research and practice

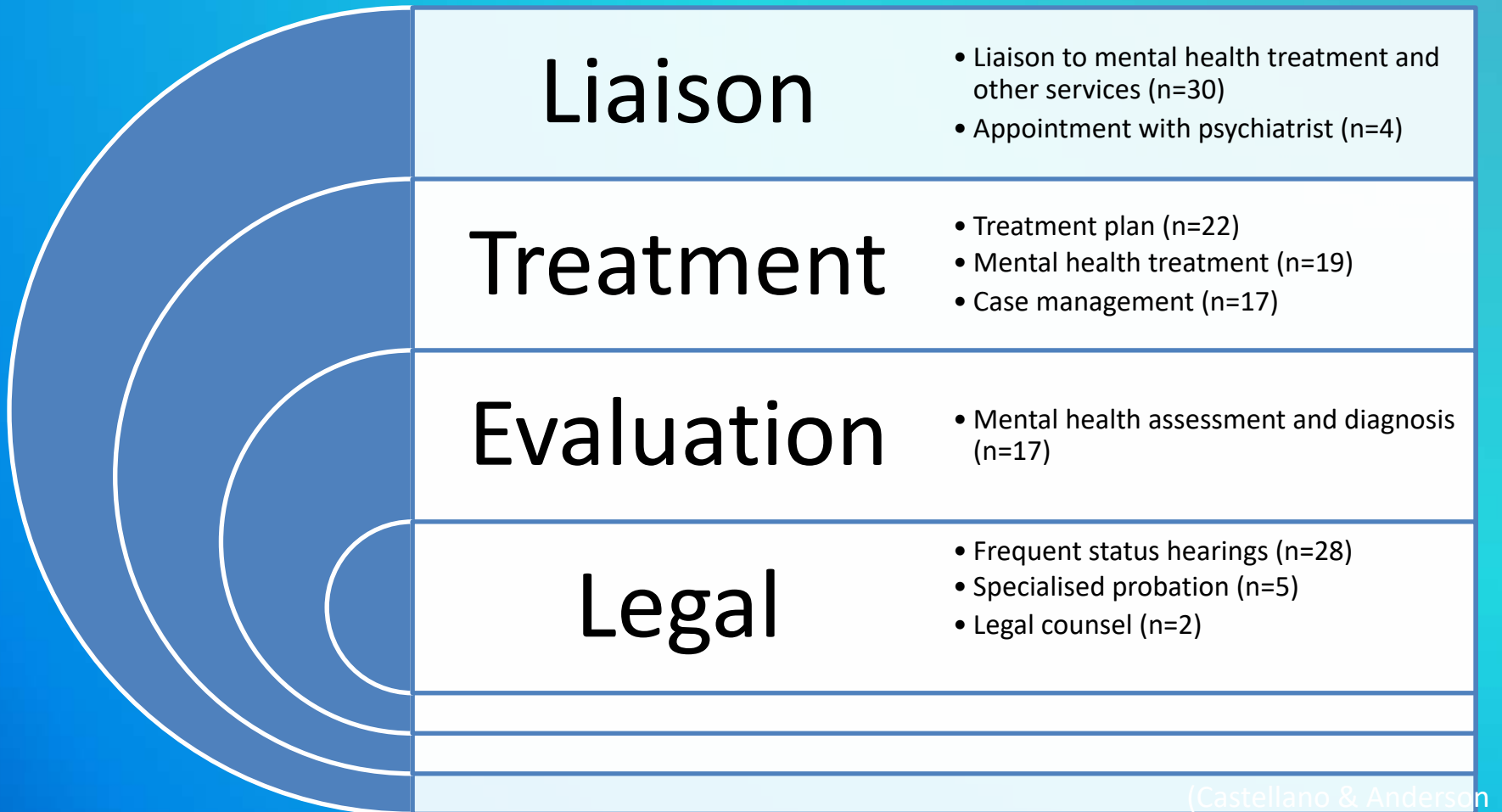
Where?



(Schneider,
Crocker, &
Leclair, 2015).

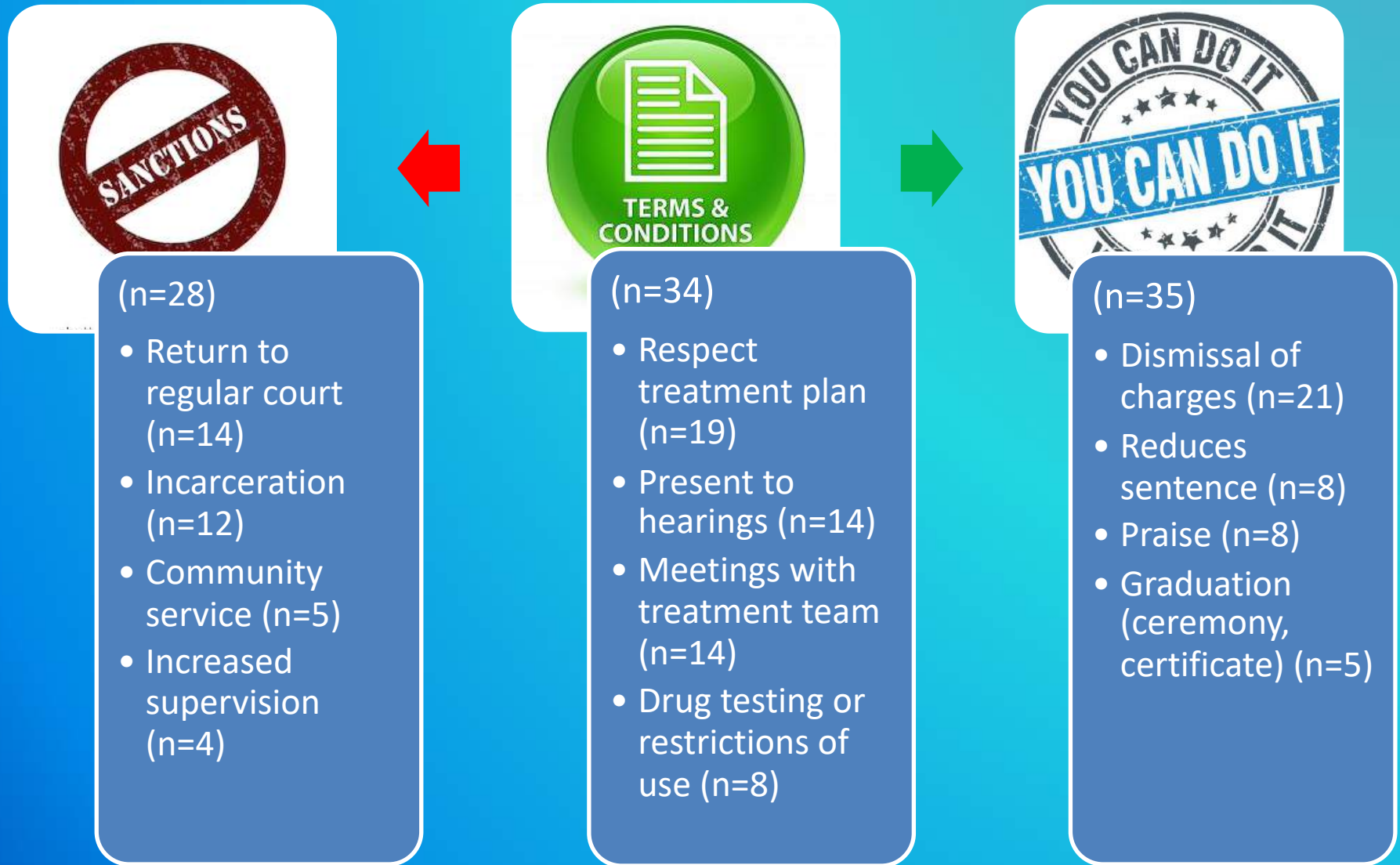
Programs and services

n = 66



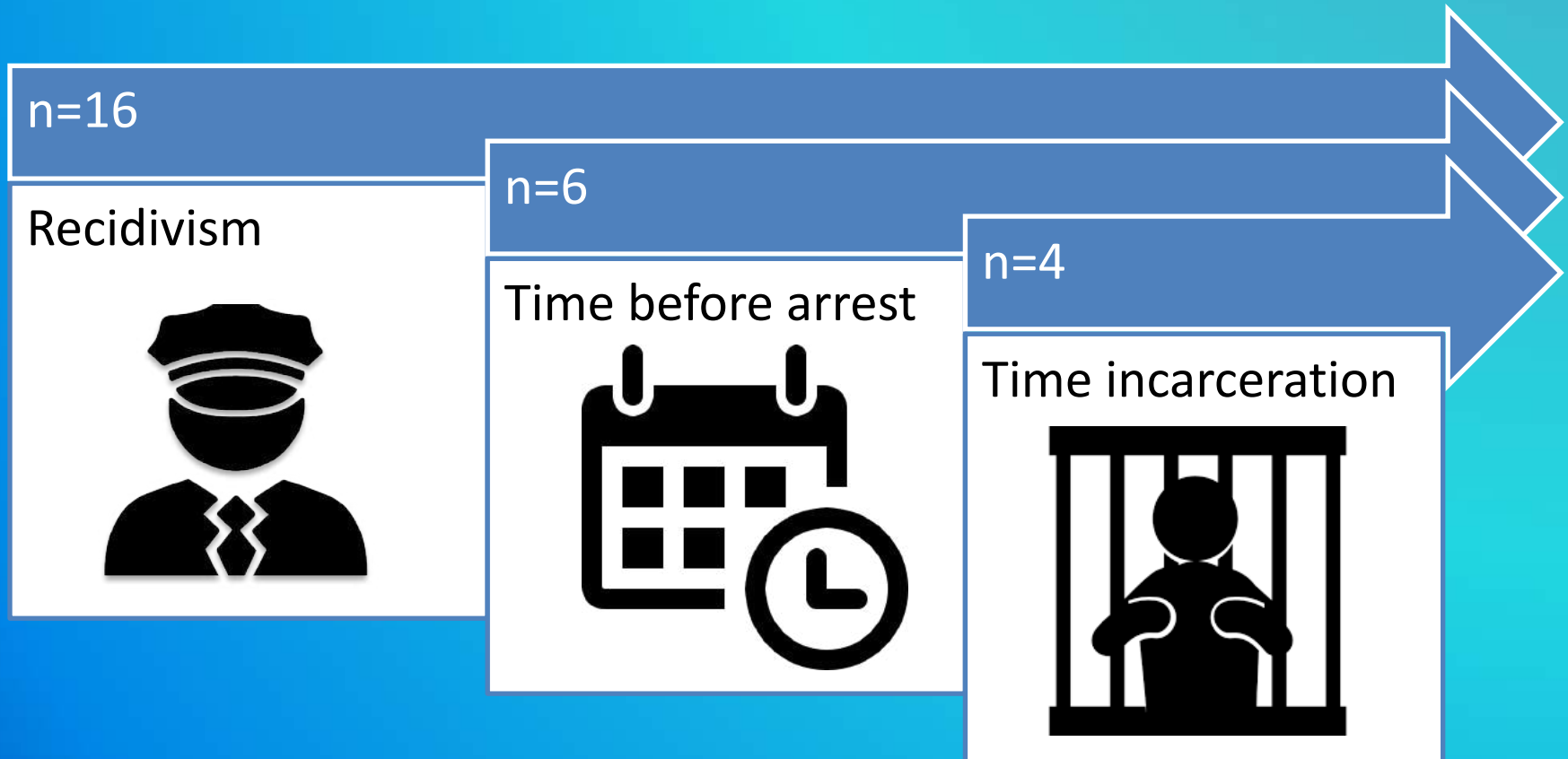
(Castellano & Anderson
2013).

Conditions, sanctions and encouragement



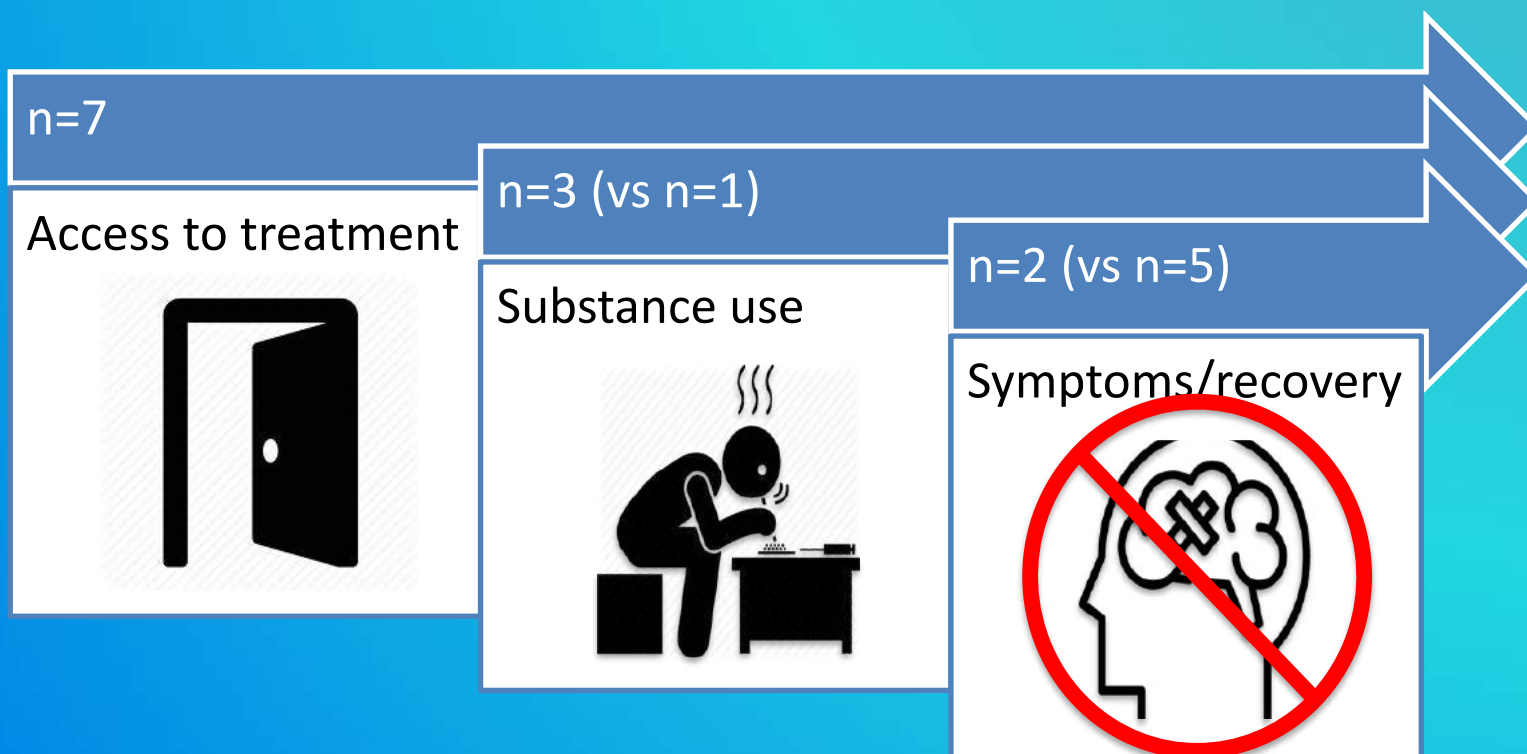
Effectiveness – Criminal justice

n = 28



Effectiveness – Psychosocial

n = 28



What influences program success?



n = 15



Participant:

multiple diagnoses, socio-demographics (male, racial minority), non-compliance, charge (multiple, felony, bench warrants), risk, lack of support, residential instability

Program:

Perceived conflict



Participant:

Substance abuse



Participant:

motivation/compliance, diagnosis (bipolar), socio-demographics (white female), medication, unemployment, social support

Program:

Procedural justice, less punitive and individual approach, understanding



What influences criminal justice outcomes?



n = 23



Participant:

Early offending,
depression/anxiety/guilt, risk,
residential instability, substance
use, history of trauma

Program:

Coercion, perceived conflict,
sanction severity



Participant:

Diagnostic

Program:

Pharmacotherapy



Participant:

Compliance/completion, socio-
demo (older)

Program:

Intense monitoring, tailored
treatment, diverse court team,
proper assessment, tangible
incentives, procedural justice
(knowledge, voluntariness)



What influences psychosocial outcomes?

n = 8



Participant:
Past history of psychiatric
hospitalization, unfit
Program:
Coercion



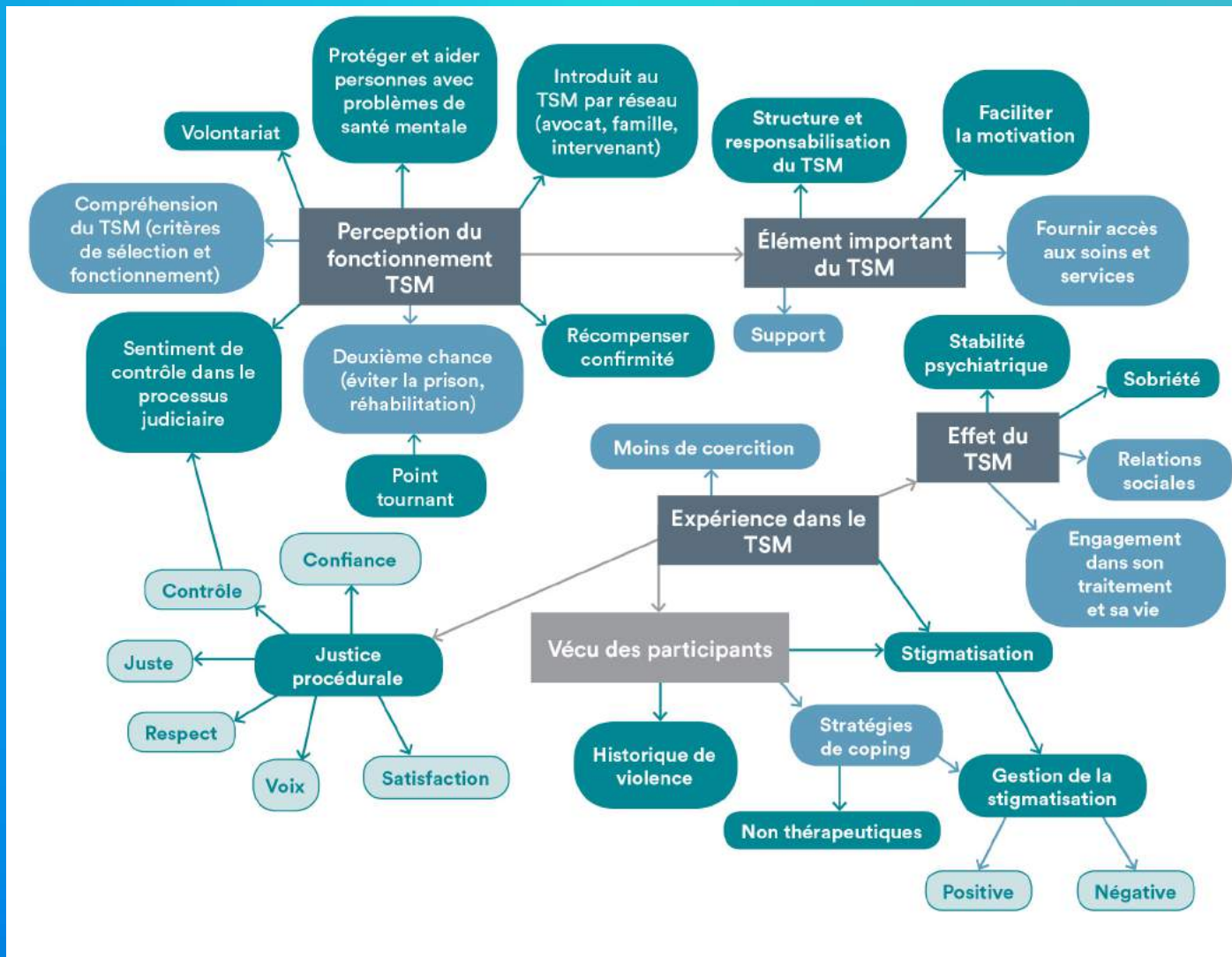
Participant: Violence of charge



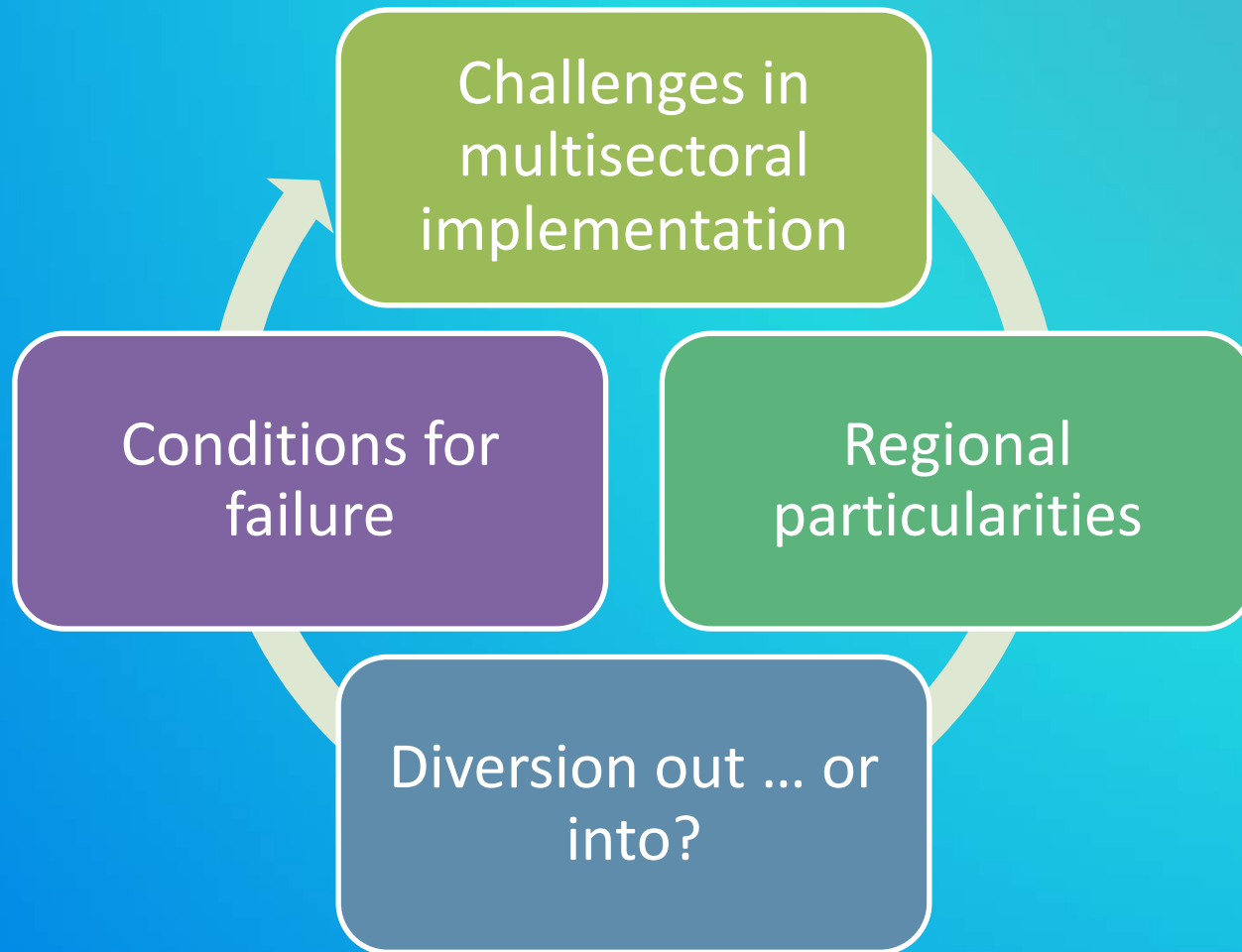
Participant:
Sociodemo (older), diagnosis
(schizophrenia), social support
Program:
Relationship with caseworker,
early contact, procedural justice

Subjective experience

n = 13



Consultation

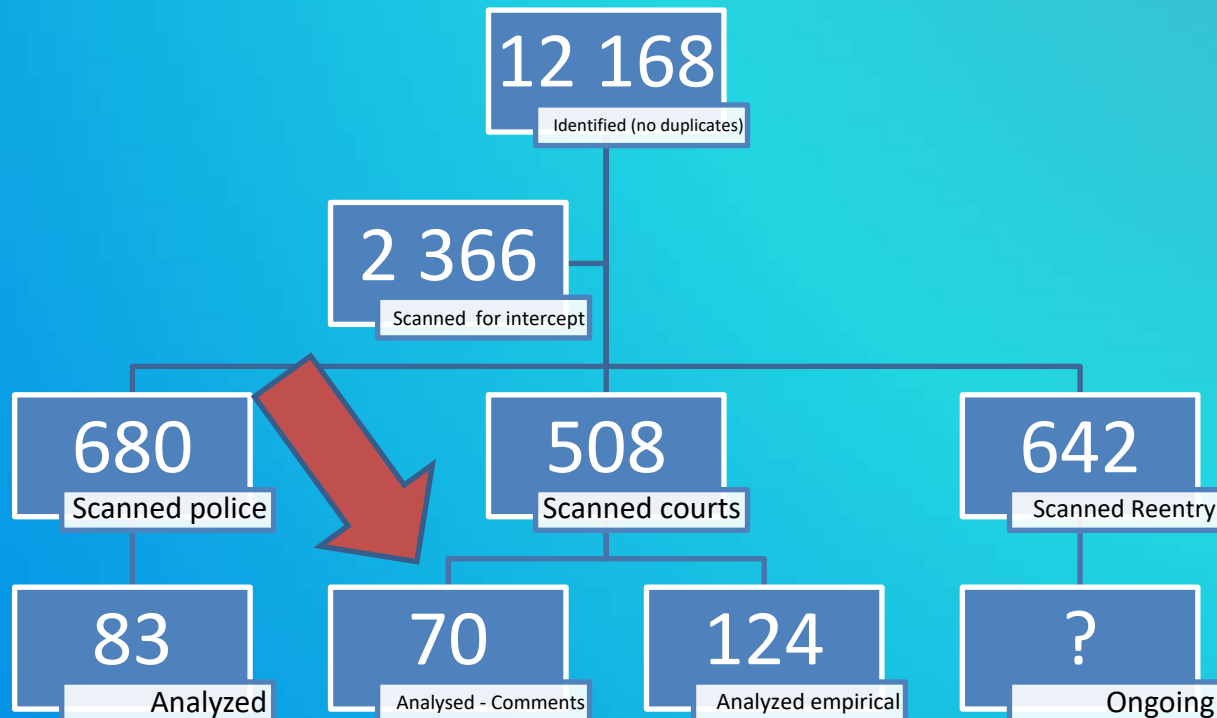


Part 3 – Judicial vs psychosocial

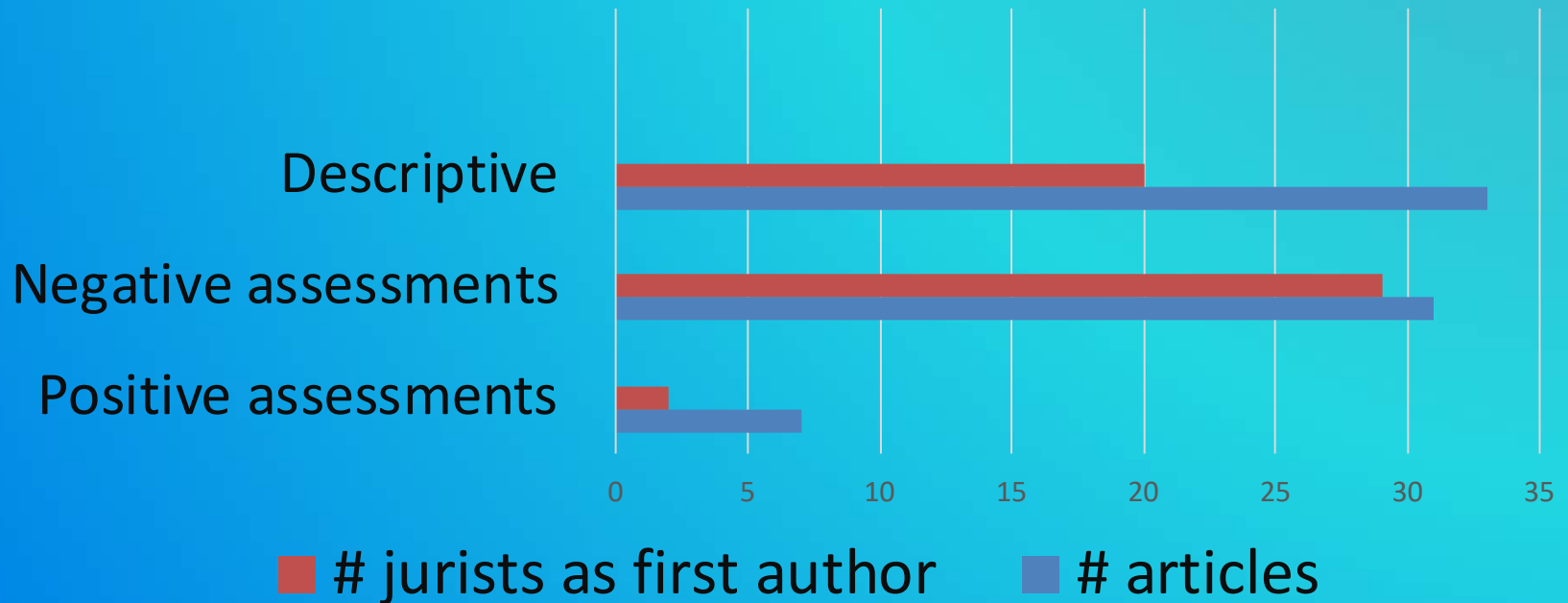
Elisabeth Beauchamp, Ashley J. Lemieux, Anne Crocker, & Alana Klein

*A scoping review of non-empirical works
regarding court-based justice diversion
programs*

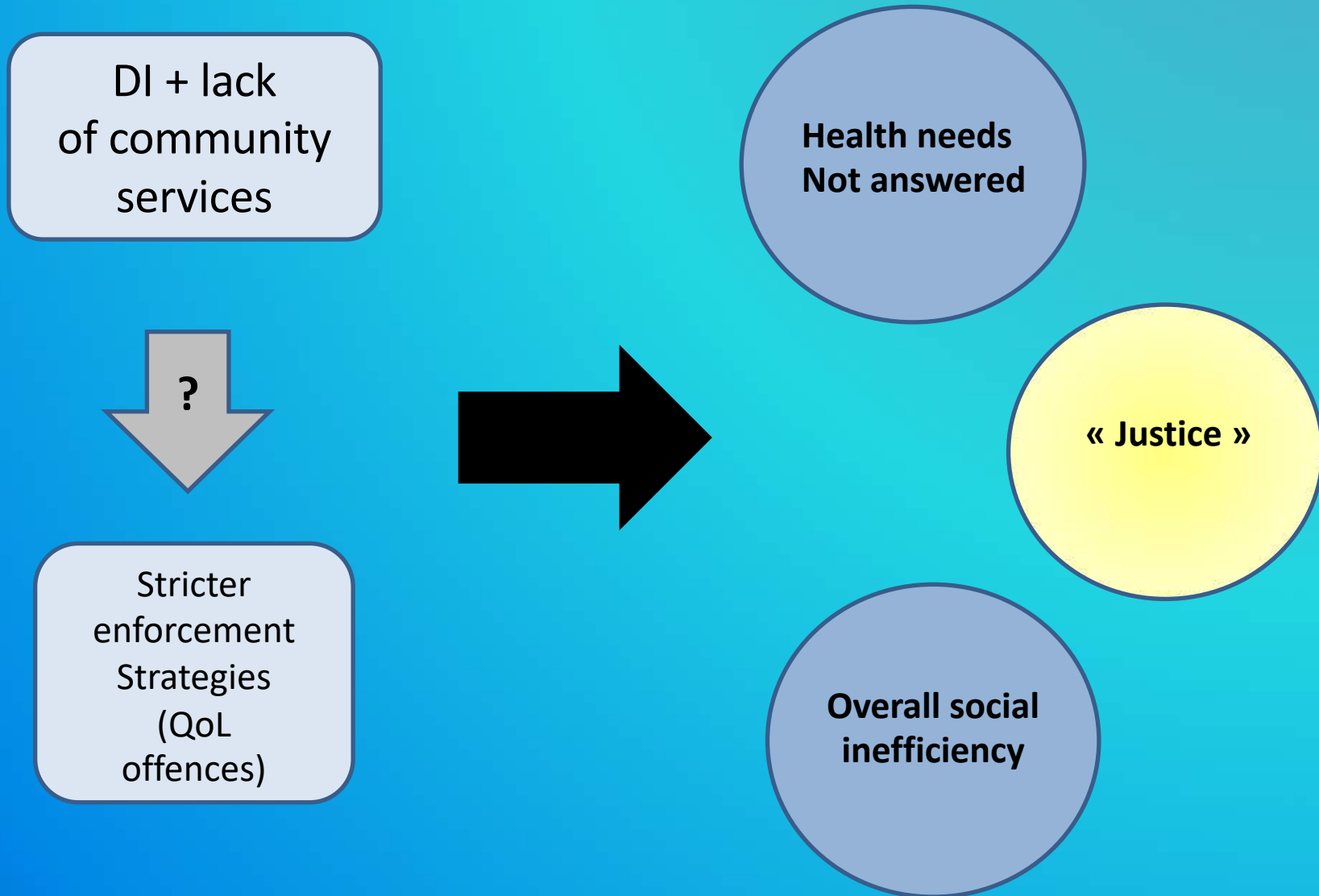
Method - Scoping



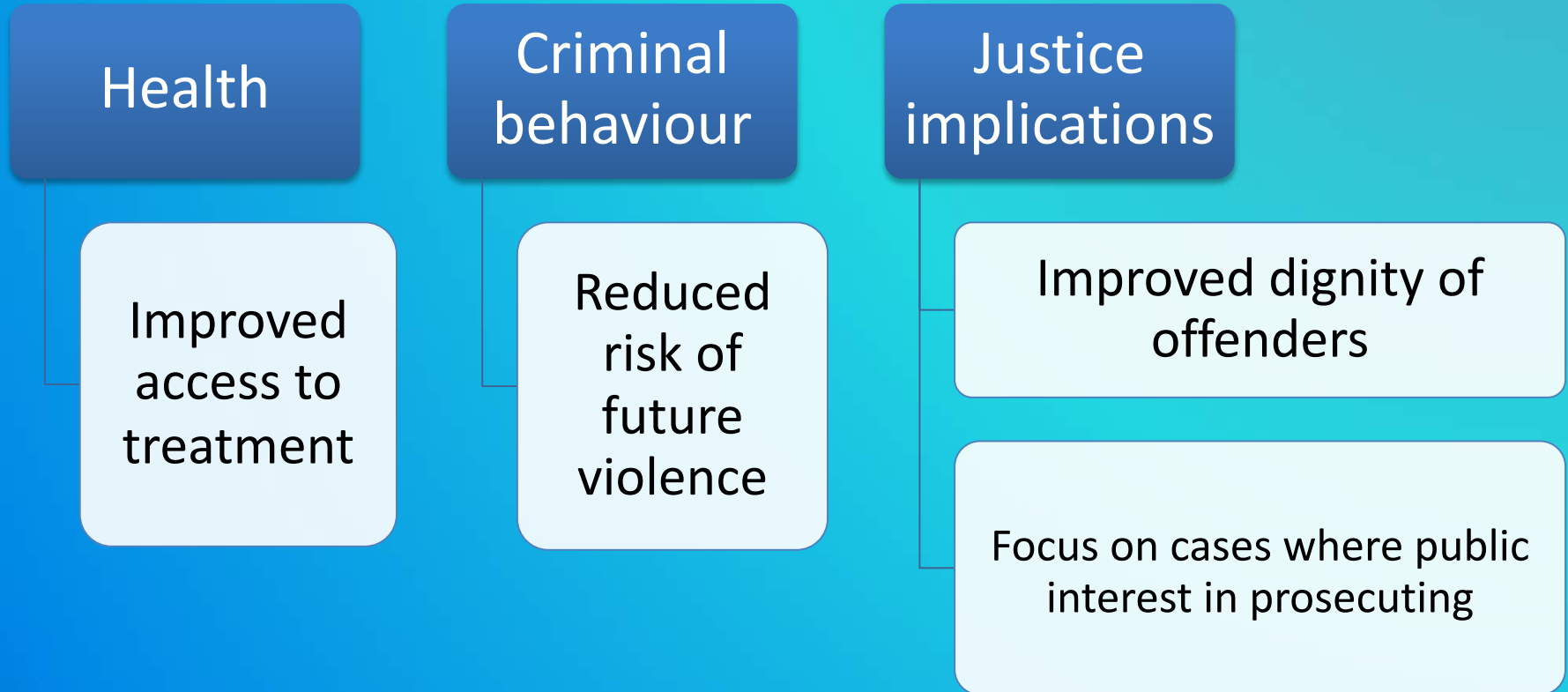
Who speaks about MHCs and how



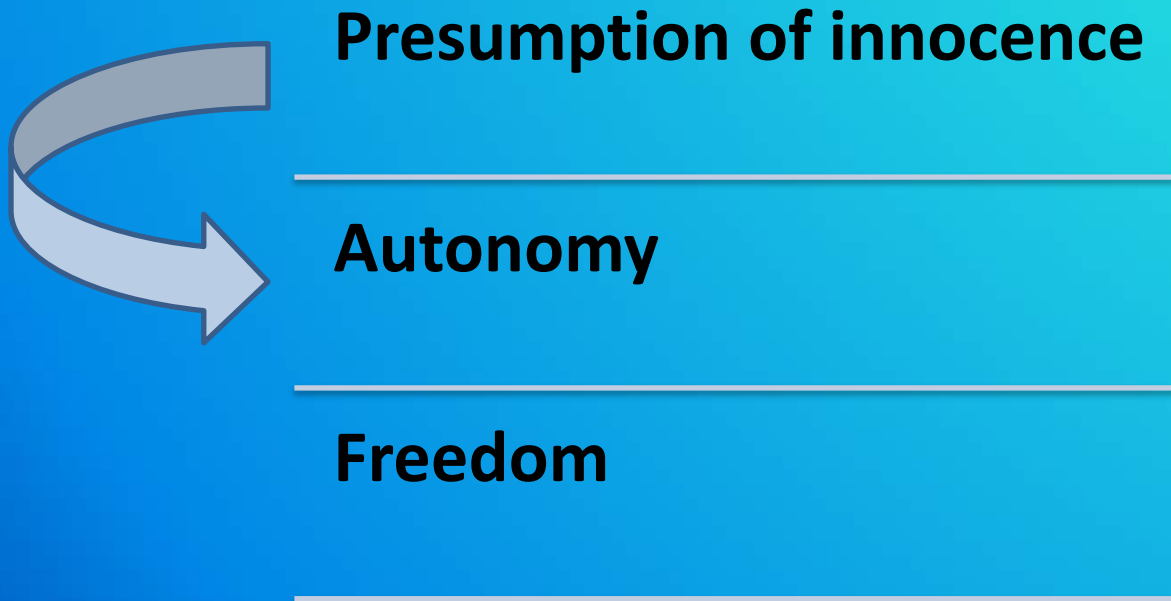
Descriptive articles – The issue



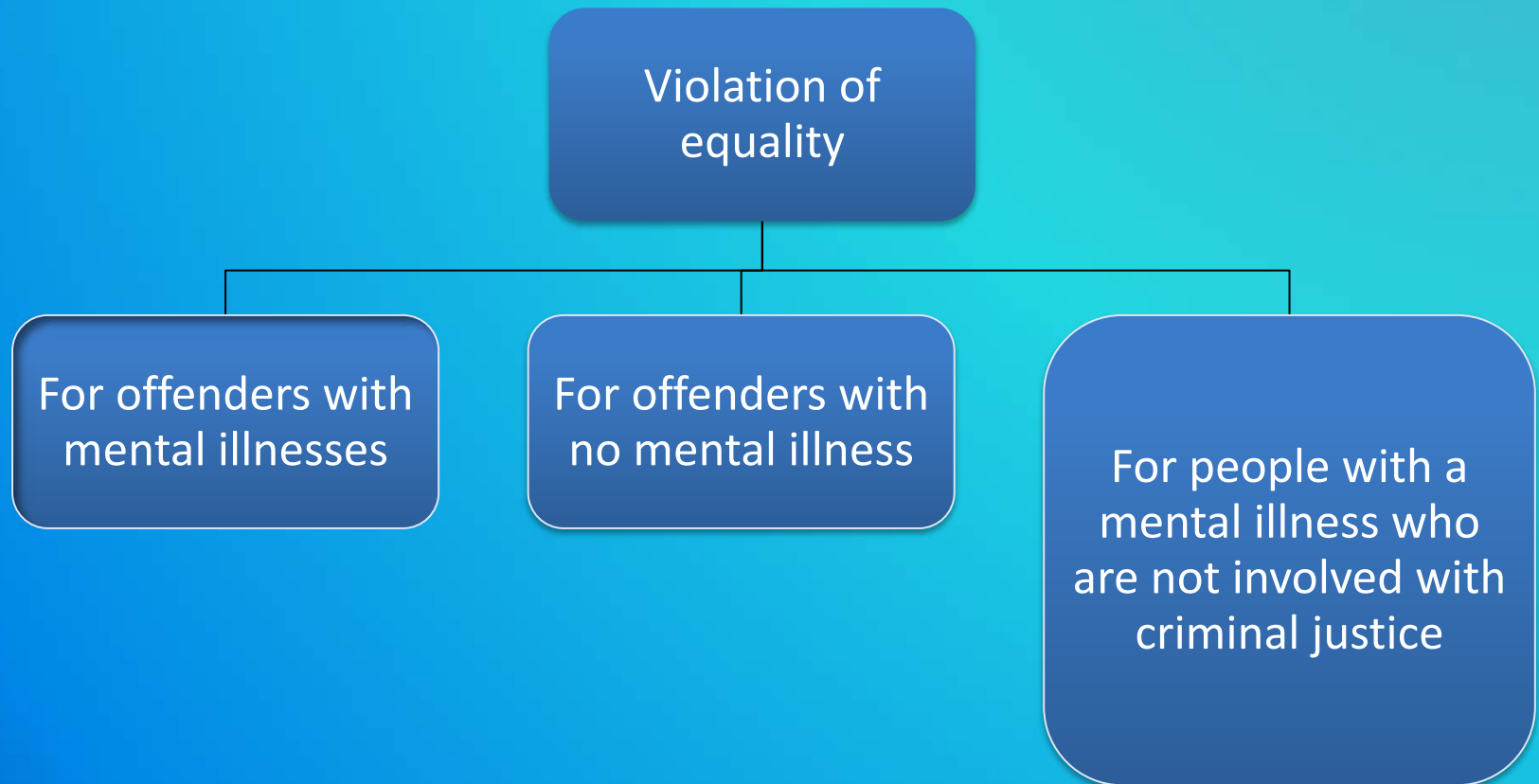
« Positive assessments »



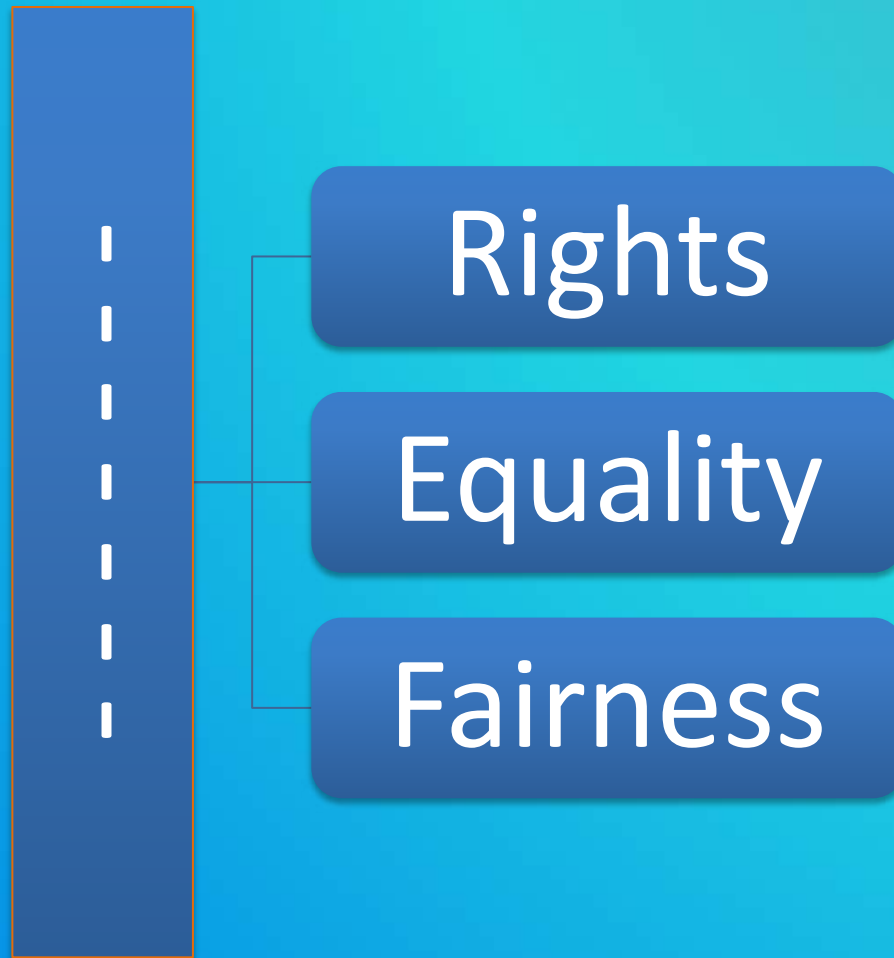
« Negative assessments » – the process of diversion



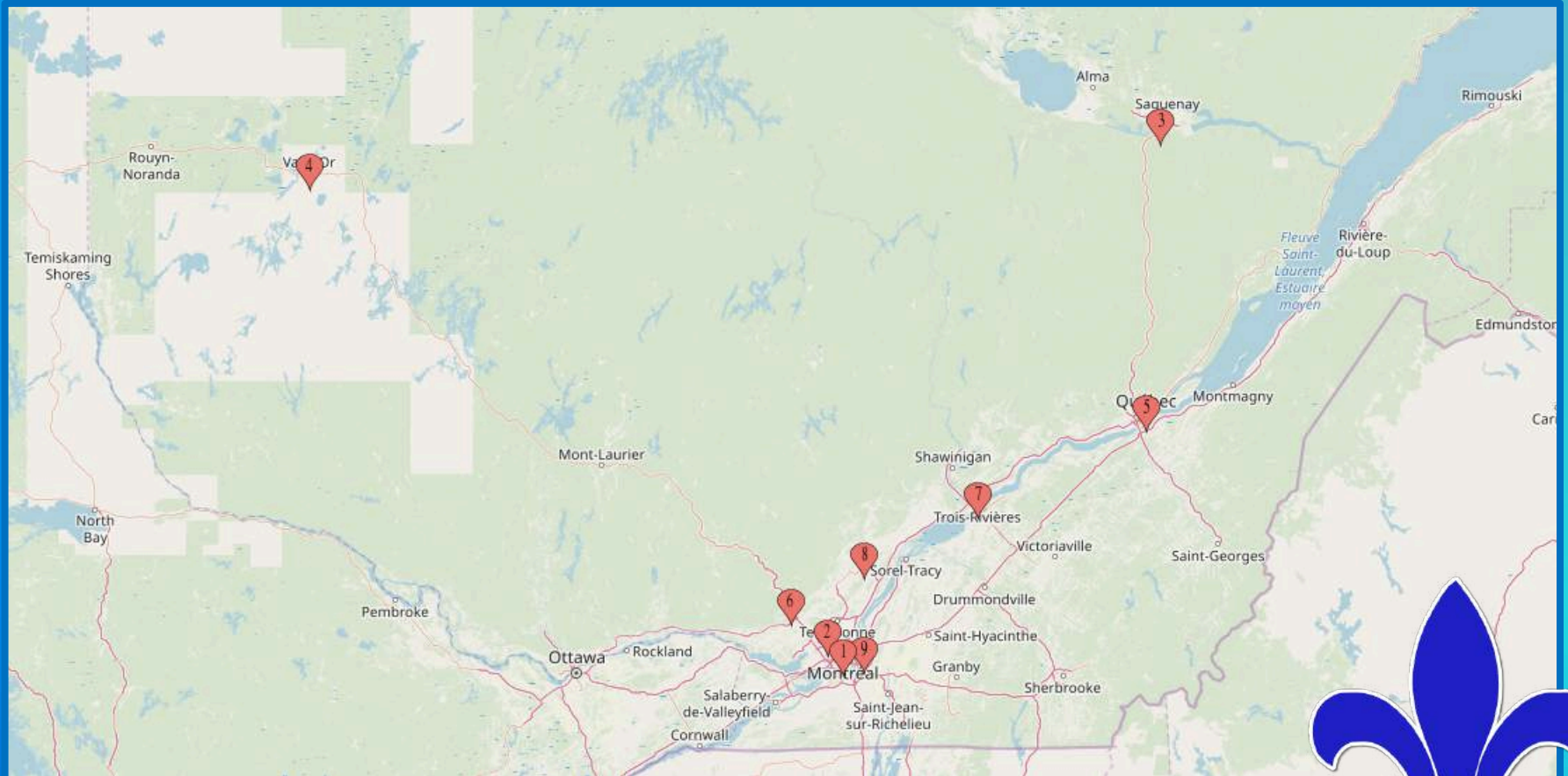
« Negative assessments »: the issue of equality. Who are the people we are trying to divert?



« Legal » success?



MHCs in Quebec: an example



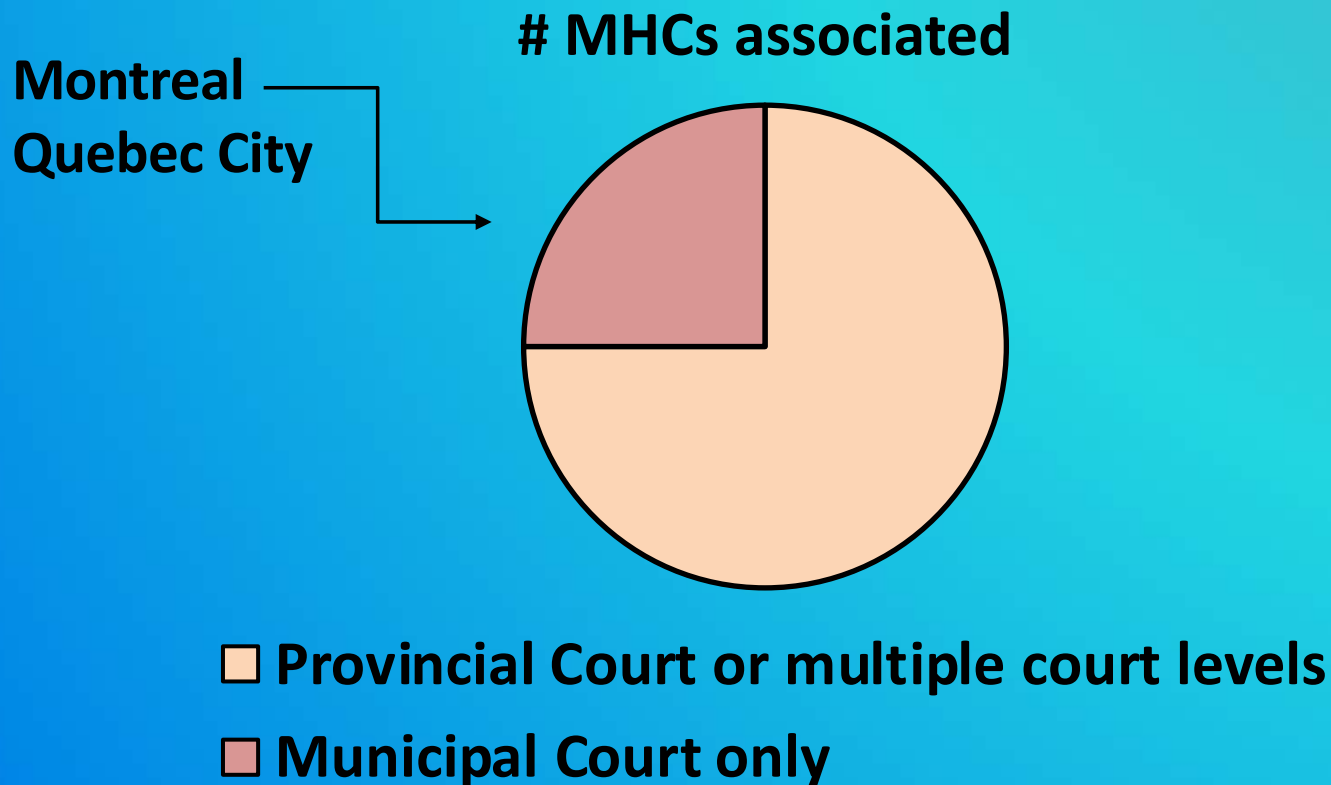
Quebec MHCs: target clientele

People in the legal system who have a mental health issue

Participants with intellectual disabilities & autism spectrum

- Objective cannot be facilitating access to health care

Quebec MHCs: court level



Quebec MHCs: legal outcome of cases

Pre-sentencing

- Stay of procedures
- Withdrawal of charges
- Withdrawal of complaint

Post-sentencing

- Suspended sentence
- Non-custodial sentence
- Reduction of sentence
- Absolute/conditional discharge

Conclusion – justice considerations in MHCs

Health
needs
Not
answered

« Justice »

Overall
social
inefficiency

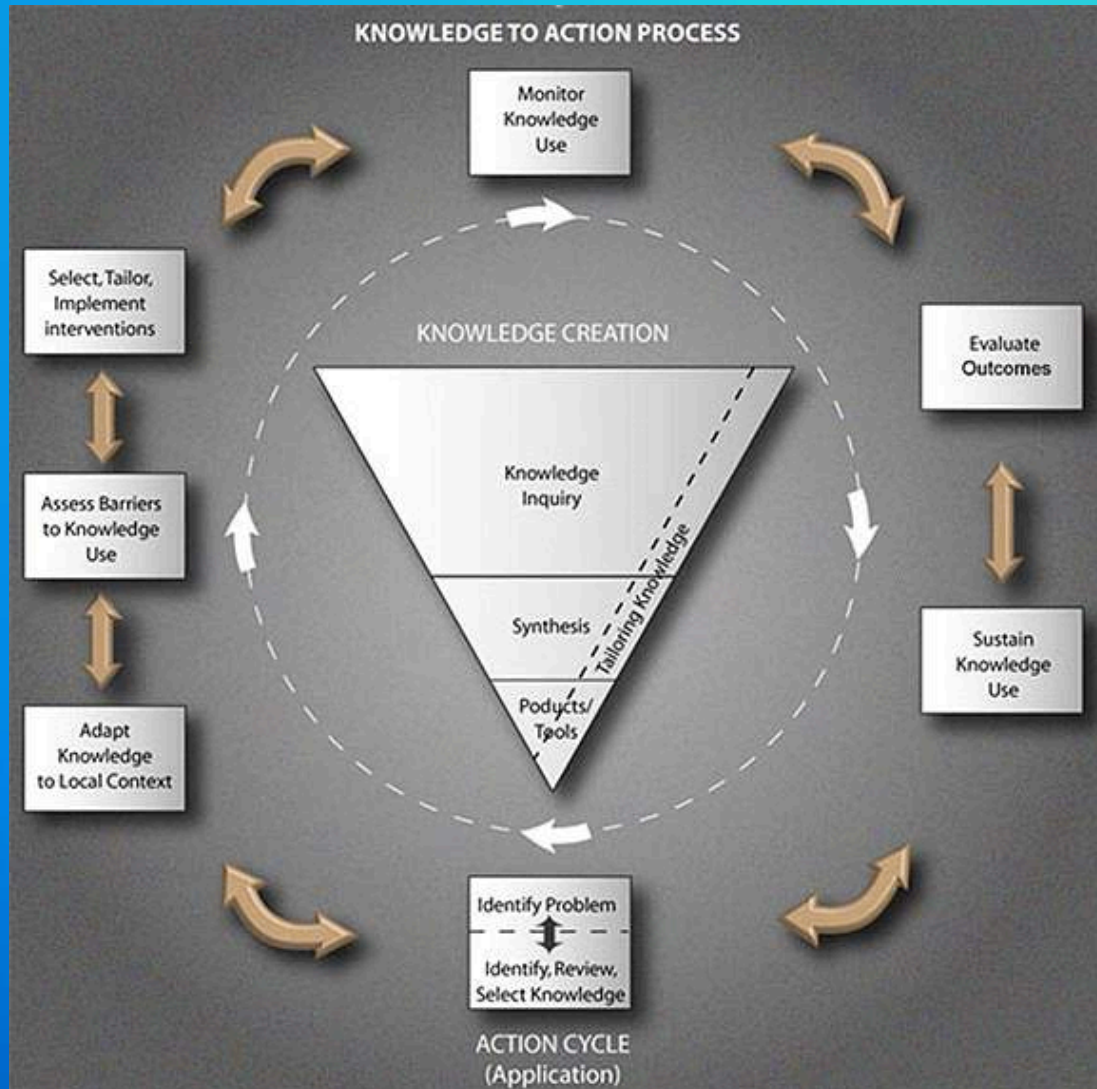


Part 4 – Knowledge uptake

Laurence Roy, Ashley J. Lemieux, Anne Crocker,
Eric Latimer, Roch Hurtubise, Michelle Côté,
Isabelle Billette, François Boissy, & Jason
Champagne

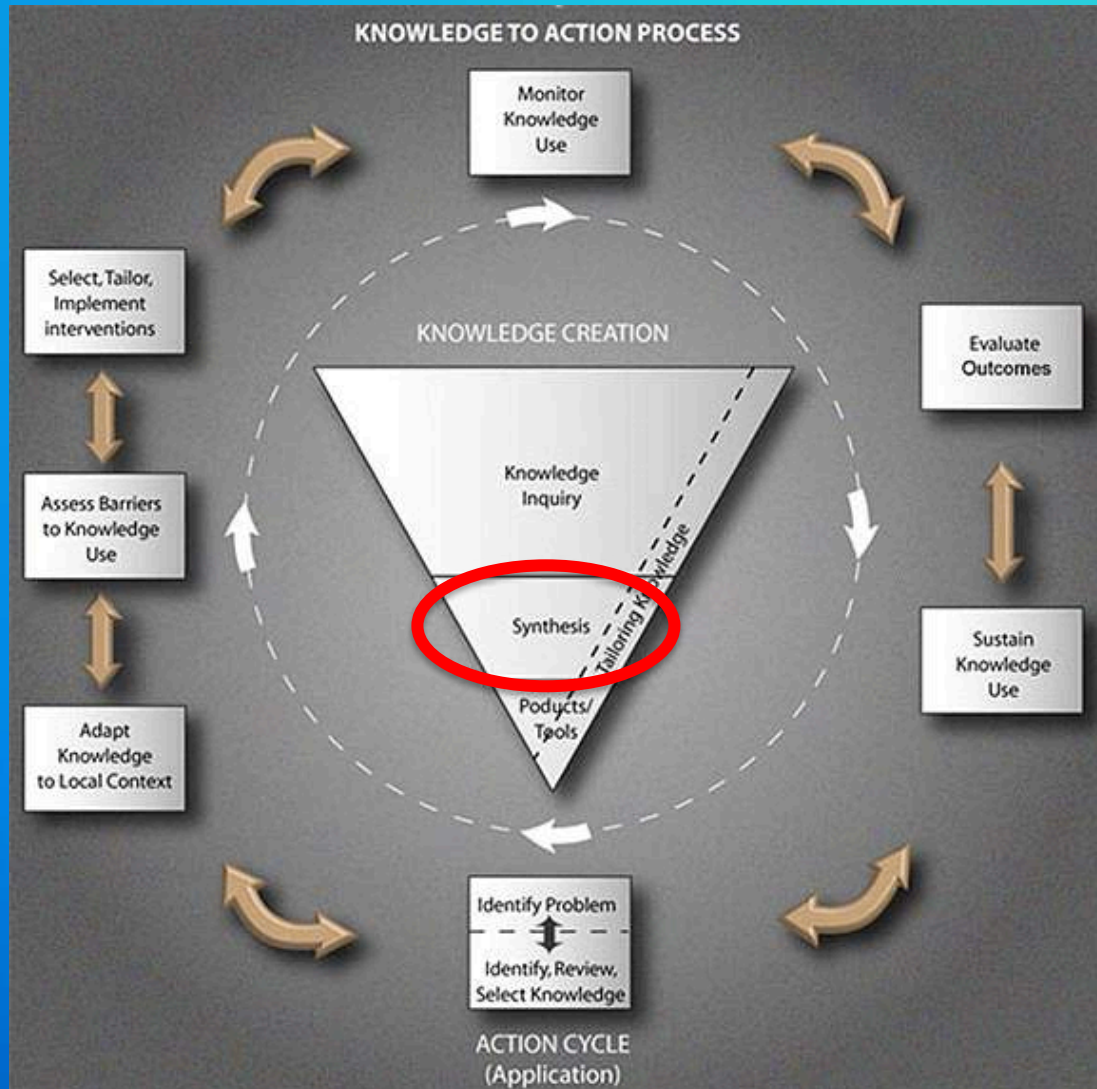
*Translating forensic knowledge into practice:
Collaborative development of a practice tool for
frontline service providers*

What's knowledge translation got to do with it?



CIHR Knowledge to Action Cycle
Graham et al. 2006

What's knowledge translation got to do with it?



CIHR Knowledge to Action Cycle
Graham et al. 2006

« The leaky pipeline »

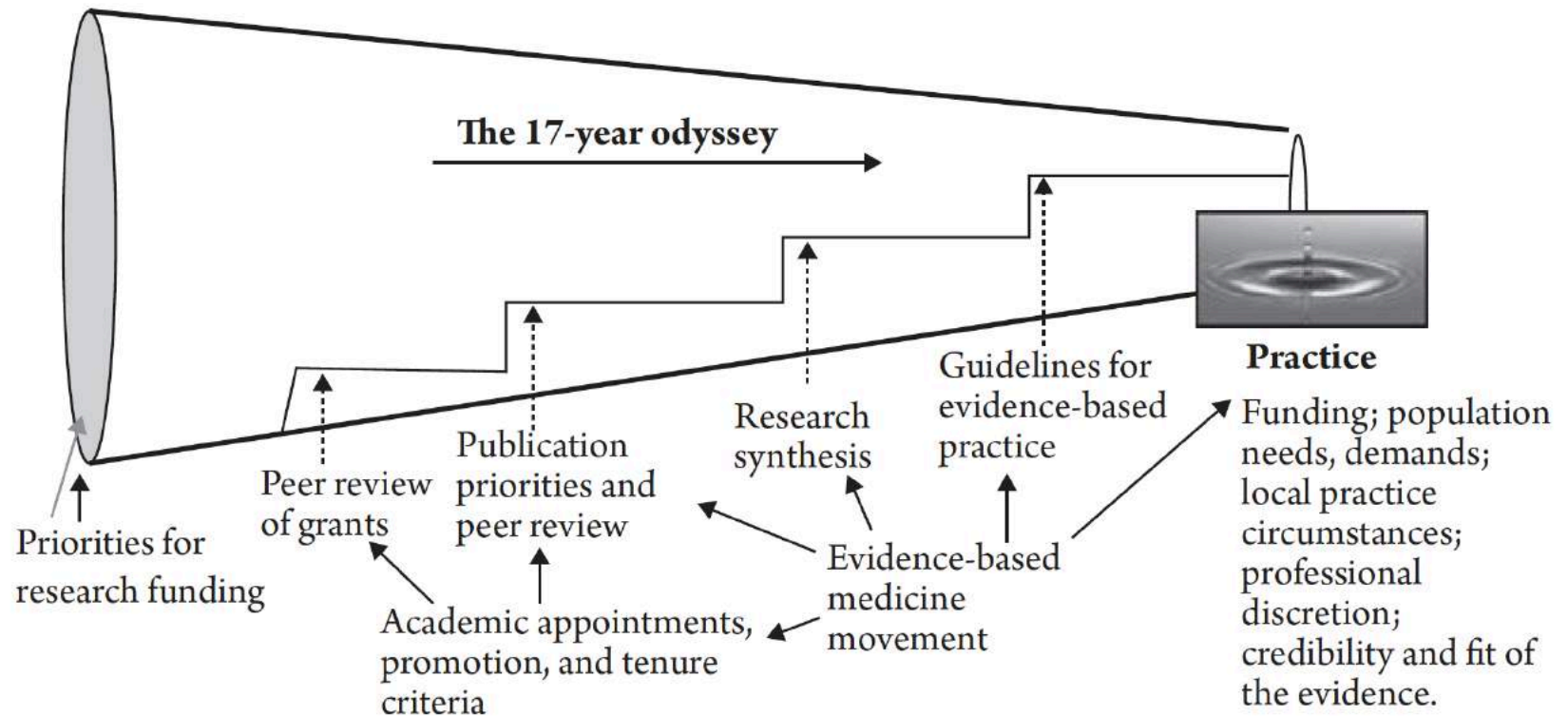


Figure 1-1. The funnel depicts loss in the pipeline from research to practice.
From Green et al.³⁴

Some characteristics of forensic knowledge

- Specialized
- Rapidly evolving
- Ethical tensions and reasoning at its core
- Characteristics of service user population

Best practices in forensic psychiatry
and diversion: Who are the knowledge
users? What are their knowledge-
related needs?



Knowledge translation and exchange project

« Mental illness, homelessness, and justice involvement: From knowledge to action »

Montreal partners:

Police

Homelessness/mental health community organizations

Courts (including diversion services)

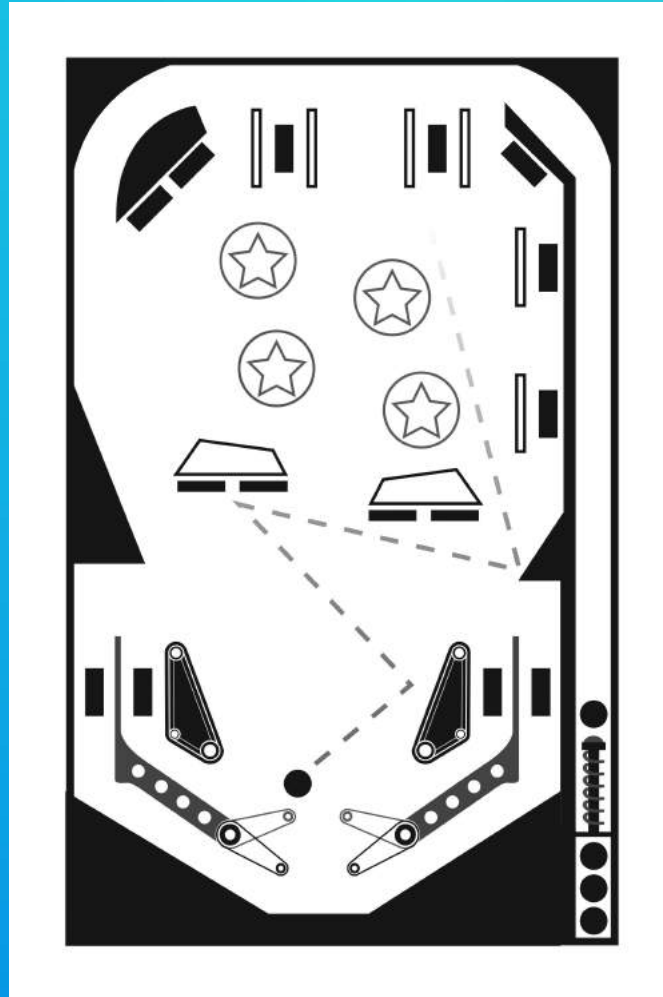
Community-based health and social services

Psychiatric and forensic hospitals



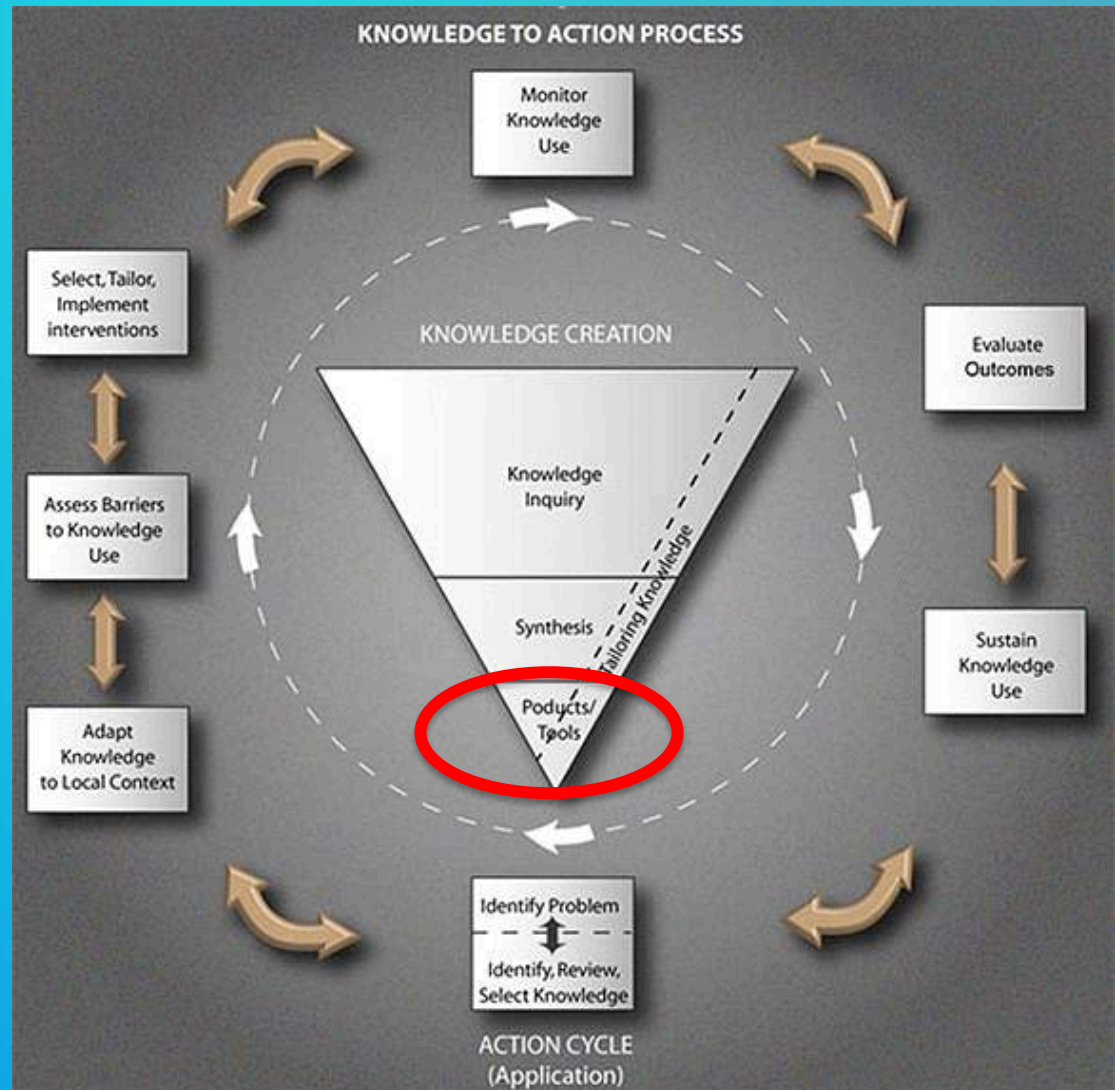
Implementation of cross-sector working group

Representations of justice and diversion trajectories



Knowledge translation question

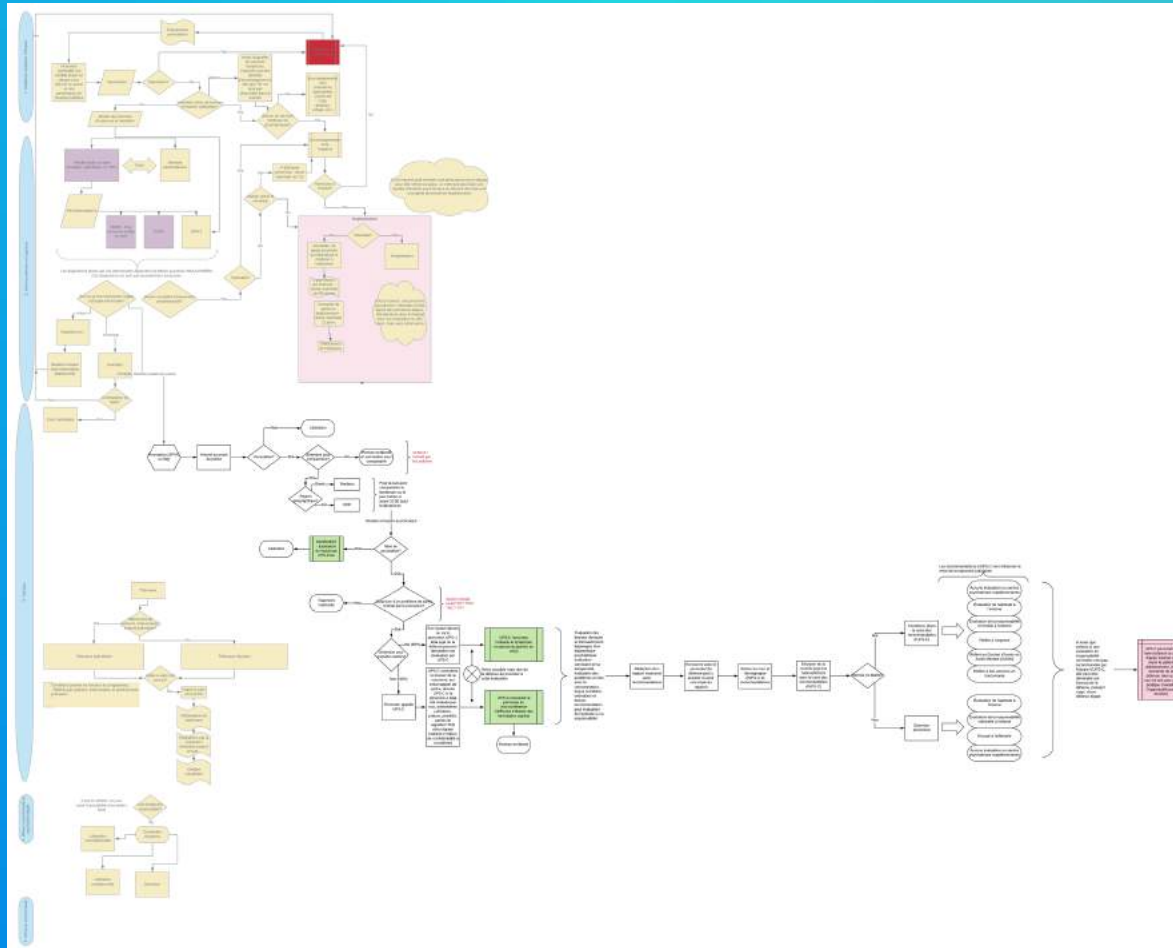
How to make knowledge of justice and diversion trajectories for individuals with mental illness more accessible to knowledge users?



Justice and diversion trajectories: time for a map?

- Continuous input of intersectoral working group to define knowledge needs and expected deliverable
- Initial draft created by research team → submitted for feedback to the working group
- Second draft under review by legal and administrative experts (partnership with Pinel forensic hospital)
- Next steps: usability testing, pilot testing and larger-scale dissemination

Justice and diversion trajectories: time for a map!



- Knowledge translation in forensic mental health research is key
- Implementation science is also rapidly evolving – need to keep up to date with best practice in KT

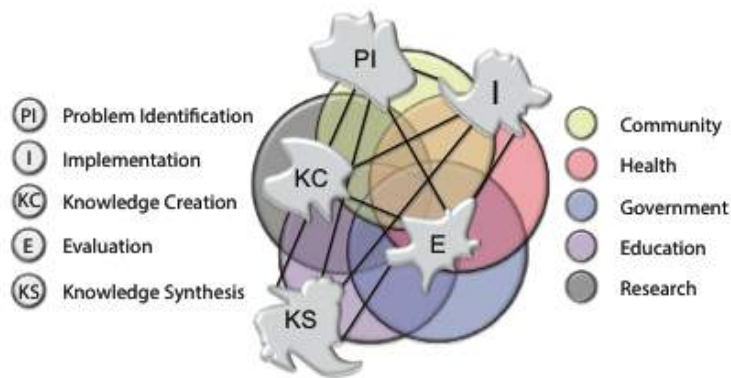


Figure 3. Current Knowledge Translation (KT) Complexity Network Model.

http://ijhpm.com
Int J Health Policy Manag 2018, 7(3), 231–243

doi: 10.15171/ijhpm.2017.79

IJHPM
International Journal of Health Policy and Management

Original Article

Using Complexity and Network Concepts to Inform Healthcare Knowledge Translation

Alison Kitson^{1,2*}, Alan Brook^{3,4}, Gill Harvey^{1,5}, Zoe Jordan⁶, Rhianon Marshall¹, Rebekah O'Shea¹, David Wilson⁷

Abstract

Many representations of the movement of healthcare knowledge through society exist, and multiple models for the translation of evidence into policy and practice have been articulated. Most are linear or cyclical and very few come close to reflecting the dense and intricate relationships, systems and politics of organizations and the processes required to enact sustainable improvements. We illustrate how using complexity and network concepts can better inform knowledge translation (KT) and argue that changing the way we think and talk about KT could enhance the creation and movement of knowledge throughout those systems needing to develop and utilise it. From our theoretical refinement, we propose that KT is a complex network composed of five interdependent sub-networks, or clusters, of key processes (problem identification [PI], knowledge creation [KC], knowledge synthesis [KS], implementation [I], and evaluation [E]) that interact dynamically in different ways at different times across one or more sectors (community; health; government; education; research for example). We call this the KT Complexity Network, defined as a network that optimises the effective, appropriate and timely creation and movement of knowledge to those who need it in order to improve what they do. Activation within and throughout any one of these processes and systems depends upon the agents promoting the change, successfully working across and between multiple systems and clusters. The case is presented for moving to a way of thinking about KT using complexity and network concepts. This extends the thinking that is developing around integrated KT approaches. There are a number of policy and practice implications that need to be considered in light of this shift in thinking.

Keywords: Knowledge Translation (KT), Evidence-Based Practice, Implementation Science, Complex Adaptive Systems (CASs), Complexity, Networks, Integrated Knowledge Translation

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View Video Summary

Thank You

Questions? Comments?

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