

This Month's Highlights

◆ Focus on Criminal Justice Involvement

Four articles report on efforts to ensure that people with mental illness who become involved in the criminal justice system receive treatment to avoid incarceration and reoffending. The first study addressed a basic question about mental health courts (MHCs): do they save taxpayers money by shifting costs from the criminal justice to the behavioral health system and thereby lowering overall costs? Henry J. Steadman, Ph.D., and colleagues compared criminal justice costs and costs for behavioral health treatment for two groups: MHC participants and a matched sample of jail detainees not enrolled in an MHC who received jail-based psychiatric services. For all three years examined, total annual costs for MHC participants averaged \$4,000 more than for the comparison group. The additional expense resulted from treatment costs, which were not offset by criminal justice cost savings (page 1100). A second study looked at the effectiveness of MHCs in reducing recidivism—again comparing two matched samples. Joye C. Anestis, Ph.D., and Joyce L. Carbonell, Ph.D., examined data for 12 months before and after an index offense and found that MHC participants had a lower overall rate of recidivism and longer time to rearrest (page 1105). In a Taking Issue commentary on these studies, Marvin S. Swartz, M.D., notes that key questions about MHCs remain unanswered, especially in regard to their mechanism of action (page 1077). Jail diversion programs are another approach used with this population. Even in communities with well-established diversion programs, arrestees may spend a brief time in

jail before being linked to community services. Allison G. Robertson, Ph.D., M.P.H., and colleagues found that although the “jail first” participants had better receipt of medications over time, their mental health and reoffending outcomes did not differ from those of diversion program participants who spent no time in jail (page 1113). Finally, Deborah Dennis, M.A., and colleagues describe programs in five jails and four state prison systems designed to break the recidivism cycle by ensuring that individuals will receive SSI and SSDI benefits when they are released to the community (page 1081).

◆ Learning Collaboratives in Mental Health

Learning collaboratives (LCs) are being used in the mental health field to scale up training in evidence-based practices. However, few studies have examined their effectiveness in improving care. Erum Nadeem, Ph.D., and colleagues conducted a systematic literature review of peer-reviewed studies of mental health LCs with the goal of achieving a better understanding of their structure and function and of characterizing existing data. In the 16 studies reviewed, the authors identified 14 crosscutting LC components—for example, in-person learning sessions, phone meetings, and training in quality improvement methods. Each of the LCs used, on average, seven components. However, only one of the 16 studies included a comparison condition. LCs are being widely used in mental health care, the authors note, even though there is minimal evidence of their effectiveness and unclear reporting in regard to specific components (page 1088).

◆ Impact of Job Accommodations

Since the passage of the Americans with Disabilities Act in 1990, research has documented persistent barriers confronted by individuals with psychiatric disabilities in the labor market, and many interventions have been developed to address them. One intervention is the provision of job accommodations. Clifton M. Chow, Ph.D., and colleagues compared employment outcomes for individuals with psychiatric disabilities who received or did not receive accommodations. Data were from a four-year, eight-state multisite demonstration project funded by SAMHSA. Analyses showed that individuals who reported job accommodations worked about eight more hours per month than those who did not report accommodations, and the mean period of their employment was 31% longer. With each job accommodation received, the risk of job termination fell by nearly 13%. Staff of supported employment programs may require additional training in how to request accommodations for clients, but investment in such training would be worthwhile, the authors note (page 1126).

Briefly Noted . . .

- ◆ The Global Mental Health Reforms column describes the current state of resources and practice in Anglophone West Africa (page 1084), and a study in Nigeria found poor persistence in treatment among schizophrenia patients (page 1133).
- ◆ An interesting Open Forum essay makes the case that certain terms used by mental health professionals imply that “patients are ‘other,’ foreign, and different” and that professionals may stereotype patients without intending to (page 1164).