# Mental Health Court and Assisted Outpatient Treatment: Perceived Coercion, Procedural Justice, and Program Impact

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***Objective:*** **Mandated community treatment has been proposed as a mechanism to engage people with severe and persistent mental disorders in treatment. Recently, two approaches to mandate treatment through the courts have been highlighted: assisted outpatient treatment (AOT) and mental health court programs. This study examined levels of perceived coercion, procedural justice, and the impact of the program (mental health court or AOT) among participants in a community treatment system.** ***Methods:*** **Data were analyzed from interviews with former AOT participants who were no longer under court supervision (N=17) and with graduates of a mental health court program (N=35). The MacArthur Admission Experience Survey, created to measure perceived coercion, procedural justice, and program impact on hospital admission, was modified to include judges and case managers.** ***Results:*** **Mental health court graduates perceived significantly less coercion and more procedural justice in their interactions with the judge than did AOT participants. No significant difference was found between mental health court and AOT participants in perceptions of procedural justice in interactions with their case managers. Mental health court participants felt more respected and had more positive feelings about the program than did AOT participants.** ***Conclusions:*** **Both mental health courts and AOT programs have potentially coercive aspects. Findings suggest that judges and case managers can affect participants' perceptions of these programs by the degree to which they demonstrate procedural justice, a process that may affect the long-term effects of the programs on individuals. (*Psychiatric Services* 65:352–358, 2014; doi: 10.1176/appi.ps.002642012)**

Limited research exists on strategies to engage people with mental illness in ongoing treatment if they are not amenable to voluntary treatment (1,2). Strategies to mandate treatment through civil courts include assisted outpatient treatment (AOT), and strategies through criminal courts include mental health courts. These approaches to mandate treatment may incorporate the use of coercion to varying degrees. We compared these programs to assess differences in perceived coercion, procedural justice, and program impact.

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The civil commitment system uses AOT to keep people in community-based treatment. Although the use of AOT varies, it frequently targets high utilizers of inpatient hospitalization who respond favorably to treatment, discontinue treatment when released from the hospital, and subsequently relapse and become a danger to themselves or others, resulting in hospitalization (3). AOT improves treatment engagement (4,5) and reduces hospitalization rates when sustained for at least six months and coupled with intensive treatment services (6,7).

AOT's effectiveness is believed to be a result of the court order and the expectation that treatment providers are vigilant in maintaining individuals in treatment (6). AOT is involuntary, because the court is committing individuals who have demonstrated that they do not want treatment. Although the term used is "assisted outpatient treatment," it is not clear that the treatment itself is court ordered because involuntary administration of medication is generally not included in these orders and the ability of the court to enforce these orders is limited (7). In Ohio, it has come to be understood that the court is ordering close monitoring with a mechanism to order an emergency evaluation should the individual begin to decompensate (8,9).

Mental health courts divert people with severe mental illness from the criminal justice system to treatment by targeting frequent users of local

jails and prisons. Mental health courts are voluntary and use therapeutic jurisprudence to encourage treatment engagement. Therapeutic jurisprudence is "the extent to which substantive rules, legal procedures, and the roles of lawyers and judges produce therapeutic or anti-therapeutic consequences" (10). Although a history of nonadherence to treatment may not be required to enter a mental health court, the common notion among judges who started these courts was that behavior resulting from untreated mental illness was the reason that these individuals were seen in their courts (11–13).

There are significant differences between AOT and mental health courts. AOT occurs through the civil court and is usually triggered by a hospitalization, and no criminal act has been alleged. The judges or magistrates who issue AOT orders generally do not view themselves as part of the treatment team or hold routine status hearings. An individual under an AOT order may stipulate to continued commitment and may return to court only after a hospitalization. AOT is involuntary, but the ability to enforce the court order is weak. In contrast, mental health court is a criminal court with referral triggered by arrest, usually with incarceration. Entry into mental health court is voluntary, but once the decision is made to enter the court, enforcement of the agreed-upon treatment plan is robust. Judges are likely to view themselves as part of the treatment team, routinely hold status hearings, and interact directly with individuals in the program during court sessions.

Both programs are controversial because of aspects of coercion. Studies of psychiatric hospital admission have shown that perceptions of coercion are influenced more by the experience of procedural justice than by legal status (14–16). Although much of the research on perceived coercion has centered on hospital admission and inpatient status, some studies have examined coercion in community settings (17–22).

There are few studies of perceived coercion and perceived procedural justice in mental health court programs. One compared mental health court participants with defendants from another misdemeanor court (19) and reported low levels of perceived coercion in the mental health court sample. Perceived coercion was lower for those who were aware that participation was voluntary and that they could opt out to the regular court process. Mental health court participants perceived significantly higher levels of procedural justice than those in conventional court (19,20). Another study examined perceived coercion and found low levels of coercion and high levels of perceived procedural justice (18).

Several studies have examined perceived coercion in AOT (6,7,23,24). Higher levels of coercion have been reported by individuals who experienced longer periods of AOT (23). Case manager reminders about the consequences of nonadherence were associated with higher perceived coercion (24). Analysts' interpretations of perceptions of coercion linked to AOT rely on the comparison group. One study found that although the level of perceived coercion in the AOT sample was relatively low compared with the level among involuntary inpatients, it was higher compared with a sample of voluntary outpatients (23). The same study also found higher levels of perceived coercion among those with a history of psychiatric hospitalization or incarceration. Another study found moderate levels of perceived coercion among current outpatient treatment participants but no difference between this group and those who had either previously or never participated in AOT (7).

The findings related to perceived coercion and AOT reflect the complexity of the interventions. Although participants may have perceived coercion, they also reported that AOT is beneficial and provides structure, security, and access to services (25,26). In addition, even though participants report perceived coercion, AOT has been demonstrated to lead to better functioning, reduced tendency toward violence or suicidal ideation, and improved quality of life (27,28). AOT participants also reported greater perceived program effectiveness (7). Finally, others found no evidence that perceived coercion led to treatment nonadherence (29).

To our knowledge, no study has compared perceived coercion and perceived procedural justice among participants in AOT and mental health court programs. The purpose of this study was to examine these two strategies to engage individuals with severe mental illness in treatment that they would not otherwise have sought. The primary research question was: Are there differences between AOT and mental health court participants in perceived coercion, procedural justice, and impact of the program?

## Methods

All persons who came to the attention of the Akron mental health court or who had been under an AOT order were identified through consultants at the Summit County Alcohol, Drug Addiction, and Mental Health Services Board. As of June 30, 2005, 359 individuals were found eligible for mental health court, and 77 had graduated from the court. The data for this study were from the 35 graduates of this program who agreed to be interviewed. We identified 183 people who had received an AOT order of at least six months' duration between January 1, 2000, and June 30, 2005. The data for this study were from the 17 persons who completed this program and who agreed to be interviewed.

Summit County (greater Akron) has utilized AOT under the Ohio civil commitment statute since the early 1990s. Following guidelines developed by Geller (3), patients are considered eligible for AOT if they have a history of repeated hospitalization, respond to treatment in a hospital, and have a pattern of discontinuing treatment after discharge. If criteria continue to be met, the initial commitment of 90 days can be extended for as long as two years. Hearings occur only to renew the commitment or if the individual returns to an inpatient setting. Participants may waive their right to attend the hearing and may stipulate to continued commitment without returning to court. Magistrates hear cases on a rotating basis and are

*Table 1*

Characteristics of mental health court and assisted outpatient treatment (AOT) participants (N=52)

| Characteristic | Mental health court (N=35) | | | AOT (N=17) | | | p |
|---|---|---|---|---|---|---|---|
| | N | % | Range | N | % | Range | |
| Female | 11 | 31 | | 7 | 41 | | ns |
| White | 12 | 34 | | 8 | 47 | | ns |
| Age (M±SD years) | 40.91±12.16 | | 22 to 64 | 45.65±7.37 | | 29 to 55 | ns |
| Time in program (M±SD days) | 744.3±55.761 | | 623 to 908 | 402.24±277.99 | | 193 to 1,204 | ≤.001 |
| Time to or since end of program (M±SD days)[a] | 51.74±127.01 | | –6 to 723 | 617.00±576.08 | | –76 to 2,425 | ≤.001 |

[a] Negative numbers indicate interviews completed before administrative graduation or end of court-ordered supervision. There was one negative value for the AOT group and two for the mental health court group. For mental health court, the smallest positive value was 1 day. For the AOT group, the smallest positive value was 87 days.

not considered members of the treatment team.

The Akron Municipal Court serves misdemeanants with diagnoses of schizophrenia, schizoaffective disorder, or bipolar disorder. Individuals have to be competent to volunteer for the program, which provides two years of supervised community-based treatment. With the victim's approval, the program can be offered to individuals charged with a violent offense. At first, participants in mental health court have status hearings with the judge weekly. The frequency of the hearings may be reduced over time, depending on compliance with the agreed-upon treatment plan. The judge is clearly a member of the treatment team and develops a meaningful relationship with participants through interactions during court hearings.

Thirty-four study participants (65%) were male, 29 (56%) were African American, and 20 (38%) were white. The mean±SD age was 42.5±10.9. Trained interviewers administered the questionnaire. Respondents provided informed consent before the interview. The institutional review boards of all participating institutions reviewed and approved the study. Interviews were conducted from July 2003 through November 2005.

### *Measures*

The MacArthur Admission Experience Survey (19,30) was revised to measure perceived coercion, perceived procedural justice, and program impact. Modifications included items addressing the role of the judge and the case manager in perceptions of procedural justice.

*Perceived coercion.* The MacArthur Perceived Coercion Scale was revised to a four-item measure and wording was modified to assess the respondent's perception of coercion on entering the program. "It was my decision to participate [in the mental health court or AOT]," "I was in control of being [in the mental health court or AOT]," "I chose to be [in the mental health court or AOT]," and "I freely made my decision to be [in the mental health court or AOT]." It was decided not to include the fifth item, "I had more influence than anyone else [in mental health court or AOT]," because of the varied admission criteria for each program. Responses are made on a 6-point Likert scale ranging from "strongly agree" to "strongly disagree." Higher scores indicate higher perceived coercion. Cronbach's alpha was .89.

*Perceived procedural justice.* A five-item measure similar to that used by Poythress and colleagues (19) was used to assess participants' perceptions of the procedural justice of their experiences. To assess perceptions of procedural justice from the judge, respondents indicated if they had enough opportunities to tell the judge or magistrate what they thought he or she needed to hear about their personal and legal situations, if the judge or magistrate seemed interested in them as a person, and if they were treated respectfully and fairly. Respondents were asked the same questions concerning their interactions with their case managers. Responses were on a 6-point Likert scale ranging from "strongly agree" to "strongly disagree." Higher scores indicated higher perceived procedural justice. The judge and the case managers play different roles, and thus measures of procedural justice were analyzed separately for each. Cronbach's alpha scores were .89 and .87, respectively, for perceived procedural justice from judges and case managers.

*Perceived impact of the program.* Respondents were asked ten questions modified from the MacArthur scale (19) concerning whether they felt better, worse, more calm, more upset, more respected, more disrespected, more informed, more confused, more hopeful, and less hopeful than they did before program participation. Responses are on a 6-point scale ranging from "strongly agree" to "strongly disagree." Higher scores indicated more positive feelings. Cronbach's alpha was .89.

## Results

Table 1 presents data on characteristics of the mental health court and AOT participants. The samples did not differ by gender, race, or age. On average, mental health court participants were in the program for a longer period than AOT participants and reported less time since completing the program.

As shown in Table 2, mental health court participants perceived significantly less coercion than the AOT group. Mental health court participants reported they felt in control, had chosen to be in the program, and had freely made the decision to be in the program. Mental health court participants perceived more procedural justice in their interactions with

***Table 2***

Responses to items measuring perceived coercion, perceived procedural justice, and impact of program among mental health court and assisted outpatient treatment (AOT) participants (N=52)[a]

| Outcome and item | Mental health court (N=35) | | AOT (N=17) | | |
|---|---|---|---|---|---|
| | M | SD | M | SD | p |
| Perceived coercion[b] | | | | | |
| It was my decision to participate in mental health court or AOT. | 2.43 | 1.54 | 3.24 | 1.89 | ns |
| I was in control of being in mental health court or AOT. | 2.86 | .61 | 4.59 | 1.62 | ≤.001 |
| I chose to be in mental health court or AOT. | 2.63 | .57 | 4.65 | 1.58 | ≤.001 |
| I freely made my decision to be in mental health court or AOT. | 2.43 | 1.46 | 4.53 | 1.59 | ≤.001 |
| Scale value | 10.34 | .21 | 17.00 | .69 | ≤.001 |
| Procedural justice, judge[c] | | | | | |
| I had enough opportunities to tell the judge or magistrate what I thought he or she needed to hear about my personal situation [reverse coded]. | 4.80 | 1.05 | 3.00 | 1.90 | ≤.01 |
| I had enough opportunities to tell the judge or magistrate what he or she needed to hear about my legal situation [reverse coded]. | 4.60 | 1.09 | 3.59 | 1.73 | ≤.05 |
| The judge or magistrate seemed interested in me as a person [reverse coded]. | 5.03 | .92 | 3.41 | 1.94 | ≤.01 |
| The judge or magistrate treated me respectfully [reverse coded]. | 5.09 | .89 | 3.82 | 1.63 | ≤.01 |
| The judge or magistrate treated me fairly [reverse coded]. | 5.09 | .85 | 3.47 | 1.81 | ≤.01 |
| Scale value | 24.60 | 3.36 | 17.29 | 7.41 | ≤.001 |
| Procedural justice, case manager[d] | | | | | |
| I had enough opportunities to tell my case manager(s) what I thought he or she needed to hear about my personal situation [reverse coded]. | 4.83 | 1.18 | 4.18 | 1.38 | ns |
| I had enough opportunities to tell my case manager(s) what I thought he or she needed to hear about my legal situation [reverse coded]. | 4.77 | 1.14 | 4.18 | 1.51 | ns |
| My case manager(s) usually seemed interested in me as a person [reverse coded]. | 4.91 | .85 | 4.65 | 1.32 | ns |
| My case manager(s) usually treated me respectfully [reverse coded]. | 5.14 | .60 | 4.71 | 1.36 | ns |
| My case manager(s) usually treated me fairly [reverse coded]. | 5.14 | .60 | 4.41 | 1.42 | ns |
| Scale value | 24.80 | 2.92 | 22.12 | 6.43 | ns |
| Impact of program[e] | | | | | |
| I feel better than I did before mental health court or AOT [reverse coded]. | 4.86 | 1.26 | 4.00 | 1.73 | ns |
| I feel more calm than I did before mental health court or AOT [reverse coded]. | 4.71 | 1.43 | 4.47 | 1.46 | ns |
| I feel more respected than I did before mental health court or AOT [reverse coded]. | 4.89 | 1.28 | 3.53 | 1.63 | ≤.01 |
| I feel more informed than I did before mental health court or AOT [reverse coded]. | 4.89 | 1.30 | 4.41 | 1.28 | ns |
| I feel more hopeful than I did before mental health court or AOT [reverse coded]. | 4.74 | 1.31 | 4.06 | 1.52 | ns |
| I feel worse than I did before mental health court or AOT. | 5.17 | .79 | 4.47 | 1.59 | ns |
| I feel more upset than I did before mental health court or AOT. | 4.91 | 1.20 | 4.35 | 1.50 | ns |
| I feel more disrespected than I did before mental health court or AOT. | 5.06 | .80 | 4.29 | 1.53 | ns |
| I feel more confused than I did before mental health court or AOT. | 4.86 | 1.26 | 4.59 | 1.33 | ns |
| I feel less hopeful than I did before mental health court or AOT. | 5.00 | 1.16 | 3.88 | 1.54 | ≤.05 |
| Scale value | 49.09 | 8.07 | 42.06 | 10.52 | ≤.05 |

[a] Possible responses ranged from 1, strongly agree, to 6, strongly disagree.
[b] Possible scale values range from 4 to 24. Cronbach's α=.889
[c] Possible scale values range from 5 to 30. Cronbach's α=.896
[d] Possible scale values range from 5 to 30. Cronbach's α=.911
[e] Possible scale values range from 10 to 60. Cronbach's α=.896

*Table 3*

Correlations between perceived coercion, perceived procedural justice, and impact of program among mental health court and assisted outpatient treatment participants (N=52)[a]

| Outcome | Procedural justice, judge | Procedural justice, case manager | Impact of program |
|---|---|---|---|
| Perceived coercion | –.68 | –.38 | –.37 |
| Procedural justice, judge | | .63 | .49 |
| Procedural justice, case manager | | | .47 |

[a] All correlations are significant at $p \leq .01$.

the judge. They felt they had adequate opportunities to tell the judge about their personal situation, felt the judge seemed interested in them as a person, and felt treated respectfully and fairly. No significant difference was found between mental health court and AOT participants in perceptions of procedural justice in interactions with case managers.

Two items regarding program impact were significantly different between the groups. After participation in the program, mental health court participants reported feeling more respected compared with AOT participants. In addition, AOT participants felt less hopeful. Although the groups did not differ significantly on the other items, the cumulative assessment of program impact revealed that mental health court participants had significantly more positive feelings concerning their program.

As shown in Table 3, higher levels of both types of perceived procedural justice and more positive feelings about the program were associated with less perceived coercion in the program. Positive perceptions of procedural justice from the judge were associated with more positive perceptions of procedural justice from the case manager and more positive feelings about the program. Perceived procedural justice from the case manager was also significantly and positively associated with the impact of the program, indicating that higher perceptions of case manager procedural justice were associated with more positive feelings about the program.

## Discussion

To our knowledge, this is the only study to compare perceived coercion, procedural justice, and program impact in mental health court and AOT programs. It is limited by the small sample, which was drawn from a single jurisdiction, limiting the generalizability of the findings. Also, mental health court programs vary. The court studied here is a misdemeanant court, and the target population is adults with serious mental illness who repeatedly come to the attention of the court because of symptomatic mental illness resulting, presumably, from treatment nonadherence. Individuals in this program choose two years of court-ordered treatment over processing in regular criminal court with the possibility of three to six months of jail time. Perceptions of coercion in a misdemeanant court in which the tradeoff for short jail time is a long period of outpatient treatment may be different from perceptions in a felony court in which treatment is an alternative to substantial prison time.

Results indicated that AOT was perceived to be more coercive and participants reported less procedural justice from the judge. Further, mental health court participants felt more respected and more hopeful than did the AOT cohort. On the basis of theory and evidence from empirical studies, we may speculate that the greater contact in mental health court with a judge who deliberately attempts to motivate participants over approximately two years contributed to the participants' perceptions of more procedural justice and therefore less coercion compared with AOT participants.

Outpatient commitment evolved from inpatient commitment laws to balance the need for individuals to be treated in the least restrictive alternative while keeping them in treatment to prevent deterioration and minimize risk of dangerous behavior (31). AOT statutes are not based on concepts of therapeutic jurisprudence (32). Studies have shown that hearings for inpatient civil commitment are generally very short (33), and respondents rarely participate in the hearings (34–36). AOT hearings appear to follow a similar course. There is not a tradition of status hearings, and developing a relationship with the judge is typically not a focus. Mental health courts, on the other hand, evolved from the drug court model and other problem-solving courts that emphasize therapeutic jurisprudence (32,37). Mental health courts use routine status hearings with sanctions and rewards, and the judge's role is crucial (38).

Tyler (36) suggested that commitment hearings need to attend to both accurate decision making and the psychological effects of the proceedings. Mental health court judges appear to attend to these psychological issues of establishing trust while demonstrating respect (19,20,38). Perhaps similar attention by hearing officers in the AOT process could lead to increased feelings of being respected and more positive feelings.

Case managers' roles in AOT programs and mental health courts appear to be that of an enforcer of treatment plans. One study found that case managers' reminders and warnings about the consequences of treatment nonadherence were positively associated with perceived coercion (24). Because treatment cannot be forced in AOT programs, the cajoling and threatening of case managers may be essential to achieve treatment adherence (39). In mental health court, consequences of nonadherence are clearer because the judge has sanctioning authority, and the possibility exists that nonadherence will result in a return to regular criminal court in preadjudicated cases or a return to jail or prison in postadjudicated cases. The challenge for case managers is to distinguish their role as a treatment provider from, for example, a probation officer. Ideally, mental health court programs will have case managers who serve as criminal justice system "boundary

spanners" (40). Such interdisciplinary approaches may positively affect team dynamics and, ultimately, participant outcomes (41).

In mental health court, perceptions of higher procedural justice from the judge were associated with higher levels of perceived procedural justice from case managers and, overall, more positive feelings about the program. Presumably judges can moderate perceptions (and perhaps affect behavior) of case managers. Clinical supervisors may work with case managers to help them maintain a recovery-oriented approach to patients in treatment under court order. Little is known about the process, but it likely requires great skill to make court-ordered treatment and a recovery orientation compatible. Clinician awareness of procedural justice may be important for good outcomes in both AOT and mental health court.

This research contributes to what we know about mental health court and AOT. In contrast to other research, we measured participants' perceptions after conclusion of the program. As noted, our study is limited because it is a small sample from a single community. Nevertheless, the findings are consistent with existing literature (20,23). Future research should explore the relationships of perceived coercion, perceived procedural justice, and program impact among larger samples within multiple systems of care.

## Conclusions

Participation in a mental health court was associated with lower levels of perceived coercion compared with AOT participation. This finding appears related to a greater degree of perceived procedural justice from the judge in the mental health court than in the AOT program and may explain differences in participants' perceived impact of the program. Our findings suggest that judges who actively and respectfully engage with mental health court participants by giving voice, validation, respect, and fairness may affect perceptions of case managers and participants' overall beliefs about the benefit of the program. This suggests that a more active role of the judge or magistrate could reduce perceptions of coercion and possibly improve AOT outcomes.


### *Acknowledgments and disclosures*

This research was funded by grant awards from the Ohio Department of Mental Health ("The Quality of Life of People With Mental Illness: Consequences of Pre-arrest and Post-arrest Diversion," 02.1176; and "The Quality of Life of People With Mental Illness: Consequences of Pre-arrest and Post-Arrest Diversion," 04.1176) and the Ohio Office of Criminal Justice Services ("The Consequences of Mental Health Court," 03-DG-C0I-7068 and 03-DG-C0V-7068A; and "Consequences of Diversion Programs," 05-JG-E0R-6475). The authors thank Thomas Grande, M.A., and the County of Summit Alcohol, Drug Addiction and Mental Health Services Board for their assistance in conducting this study.

The authors report no competing interests.


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