A knowledge exchange strategy to reduce criminal justice involvement among homeless individuals living with mental illness

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Objectives

1. Illustrate the process of knowledge exchange and transfer between multiple stakeholders;

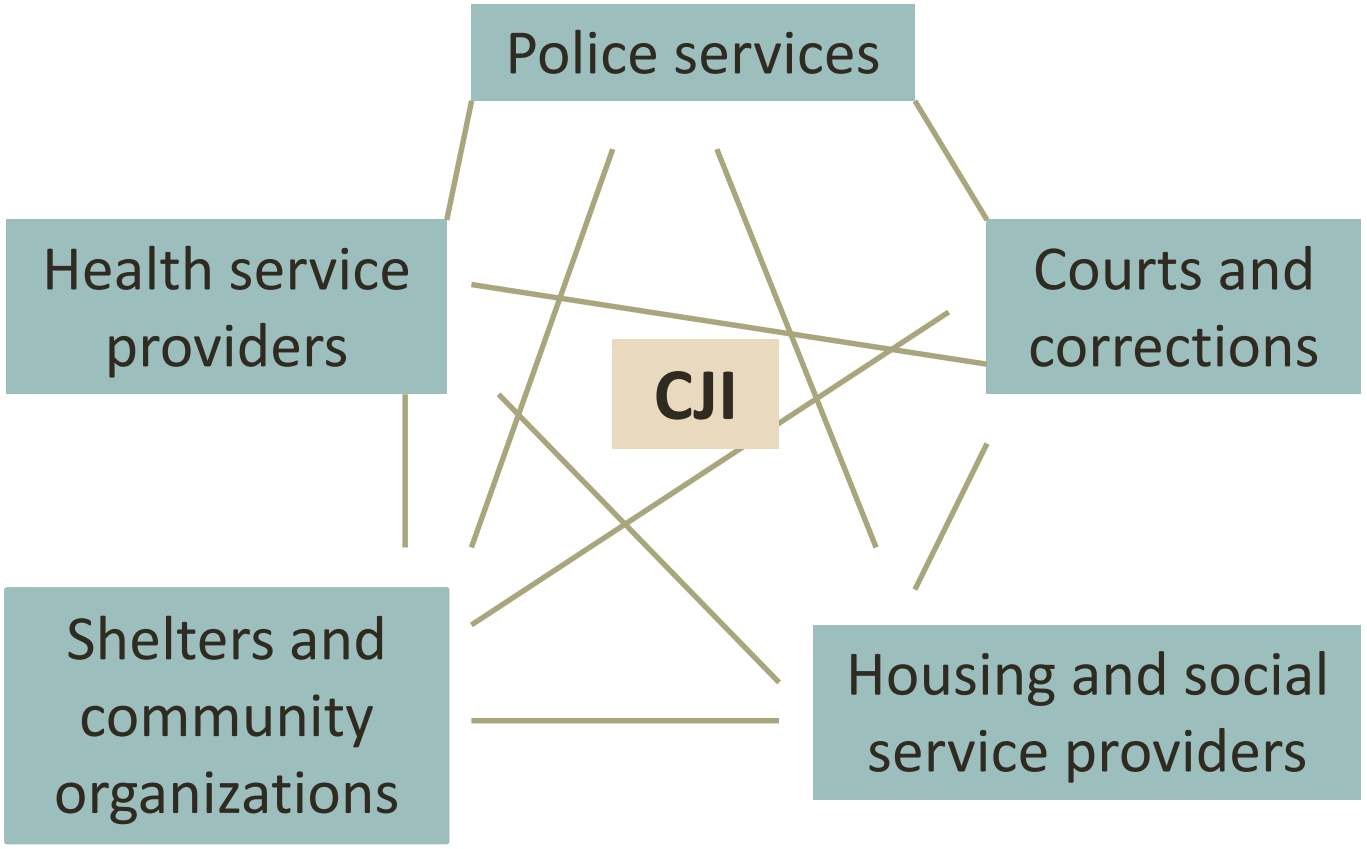
1. Apply this process to the issue of criminal justice involvement of homeless adults living with a mental illness.

The issue

- Adults who experience both mental illness and homelessness have high rates of **criminal justice involvement (CJI):**
  - 60-90% have been arrested over the course of their lives
  - 50-70% have been incarcerated
- Consequences include:
  - Longer duration of homelessness
  - Fragmentation of housing, health and social services
  - Barrier to employment and community integration
- Limited impact of housing interventions on CJI
- Costs to individuals and systems

Caton et al 2005; Copeland et al 2009; Frounfelker et al 2010; Goering et al 2014; Levitt et al 2009; Roy et al 2014

An intersectoral issue



Why knowledge exchange?

- Multiple groups of stakeholders with different types of knowledge (empirical, practical, experiental):
  - Researchers from the At Home/Chez soi project – one of the largest dataset on CJI for this population
  - Researchers with expertise at the intersection of mental health and law
  - Justice system – police, courts, corrections
  - Health and social services
  - Community organizations
  - Persons with lived experience

How?

- Stage 1: Focus groups
- Stage 2: Knowledge transfer (KT) activities
- Stage 3: Evaluation of KT activities

Intersectoral work group

How?

Intersectoral work group

Stakeholders include:

- Researchers
- Health and social service providers and administrators
- Police officers and administrators
- Municipal court judge
- Legal aid services
- Community organizations
- Persons with lived experience

Participatory meetings and consultation throughout the research process

How?

Stage 1: Focus groups (FG)

- Objectives: (1) Investigate different stakeholders' perspectives and experiences with CJI of homeless adults living with mental illness in Montreal; (2) Provide recommandations for strategies and KT activities
- 7 groups: health and social providers; joint health-police providers; police officers; community organizations; persons with lived experiences

How?

Stage 2: Knowledge transfer (KT) activities

- Informed by Stage 1 and Intersectoral work group
- Potential KT activities:
- Training sessions for health, social and community service providers on risk evaluation (START, OMEGA)
- Training sessions for police officers on adapted TEMPO
- Cross-training day on risk assessment and civil justice mechanisms

How?

Stage 3: Evaluation of KT activities

- Implantation and effect of KT strategies (to be determined)
- Lessons learned strategy
- Informed by the participatory process of intersectoral work group

Illustration of KET process: preliminary thematic analysis of FG

Theme 1: Lack of knowledge and inadequate application of civil justice mechanisms hinder prevention of criminal justice involvement.

*« At some point, I'm like, oh my god, he's going to get shot by the police, or he's going to kill someone, we're terrified. I try to call a team, the treatment team, and then I get something like « well, you have to get him into the justice system, you've got to get him under the TAQ [*NCR/fitness review board*]. I explain to the psychiatrist that one has to commit a crime to get under the review board, that I'm trying to prevent a crime here. Like, can we do something to prevent the criminal acting out? And then I'm getting answers like: « We're afraid to get a court order. »*

FG preliminary results

- **Theme 2: Access to (mental) health and social services and criminal justice involvement act as connected vessels.**

« Often it's not clear-cut. Is it mental health? Is it neurological? Is is substance use? And then everyone just throws the ball around and in the meantime the person has no services, gets into more and more disturbing and then disruptive or criminal behaviors, and then gets sucked into the justice system. It's the only door where someone has to take care of the person, it shouldn't be that the justice system is the way for someone to receive services, but very often it is the case. »

FG preliminary results

- **Theme 3: Access to services is limited by stigmatization and multiple exclusion criteria**

« What I always hear when I get someone to the ER, or to get housing or other social services, is: « Oh, he's homeless, let's get him into [Montreal shelter], he doesn't mind it, he's used to it. Once you're labelled homeless, it stays with you, even when you're housed, I think the stigma stays with you for the rest of your career in health care. »

Preliminary recommandations

- Risk assessment and management training for ER, crisis center and community organization personnel;
- Training for police officers for trauma-oriented services and complex cases;
- Protocols for care of at-risk individuals sentenced to provincial corrections;
- Protocols for joint interventions between local health care centres and local police services (PDQ-CLSC);
- Information initiatives to reduce the « housing status » stigma within general health and social services

Conclusions

- Current research still at the preliminary stages
- CIHR Knowledge to Action and similar grants can provide resources for KT initiatives
- Lessons learned so far

Questions?
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