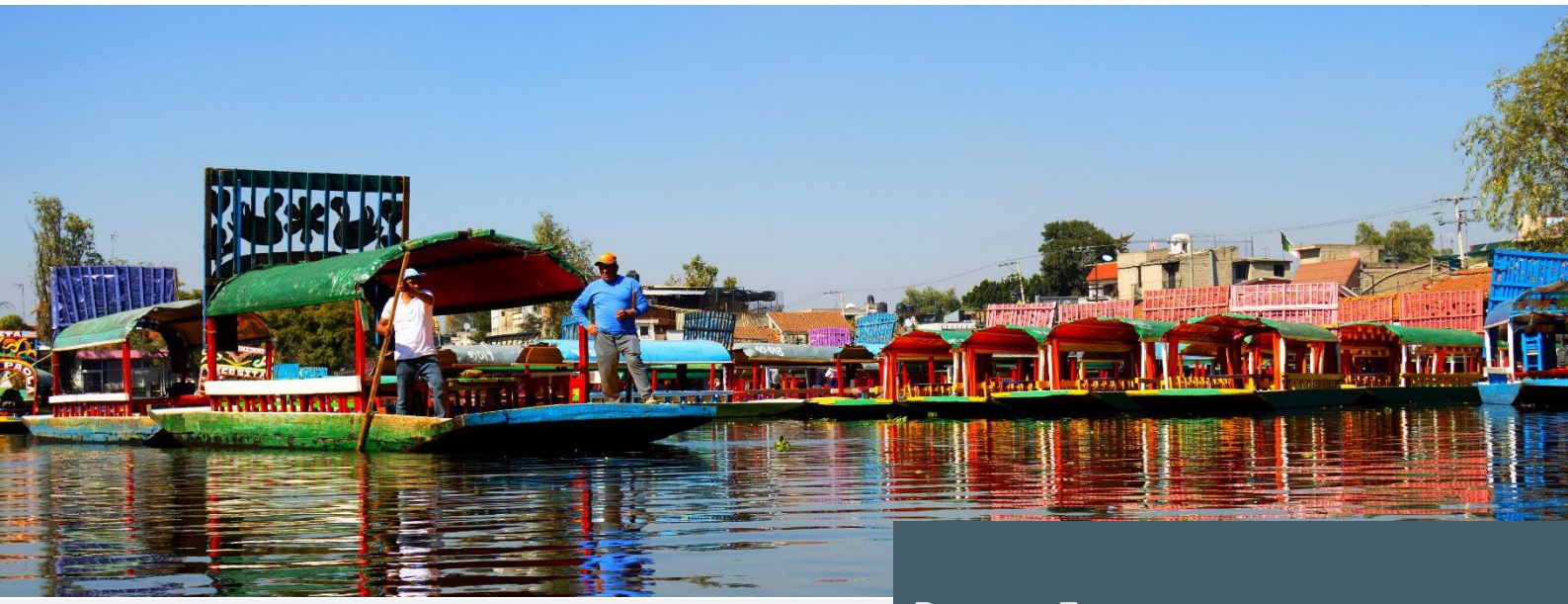
Volume 12, issue 3 - 2026 Q3

NEWSLETTER

International Association of Forensic Mental Health Services



Colourful *trajineras* boats in the canals of Xochimilco, Mexico City (IAFMHS 2027 host city), which take tourists through historic waterways and past the famous *chinampas*, or "floating gardens."

Welcome to the third issue of the IAFMHS Newsletter for 2026. This issue brings together a diverse range of contributions, including highlights from the Student Board at our recent Helsinki conference, developments in personal safety training, new research on non-specialty court mental health diversion programmes, as well as this year's Christopher D. Webster Rising Star Award winner.

It was wonderful to see so many colleagues and friends at the IAFMHS 2026 Helsinki in June. The conference was a fantastic celebration of our international community, with stimulating discussions, new connections and plenty of opportunities to catch up with colleagues from around the world. Thank you to everyone who helped make it such a successful event. Now we look forward to Mexico City in 2027!

Lindsey Gilling

Editor

Page	Feature
03	**Student Section** IAFMHS 2026 Conference Student Board Highlights **Liam Gorsuch, Sherya Jagtap, Ekatrina Kiddie, Samantha Muñoz**
06	**IJFMH Feature Article**
07	**Forensic Mental Health Nursing** Rethinking Personal Safety Training Through Hybrid Learning **Maiju Björkqvist, Maria Ameel, Tella Lantta**
11	**IAFMHS News** Christopher D. Webster Rising Star Award Winner!
12	**Mental Health Diversion** Beyond Mental Health Courts: What Do We Know About Other Court-Based Mental Health Diversion Programs? **Carey Marr**

Editorial Team

Editor
Lindsey Gilling, Glasgow Caledonian University (GBR)

Editorial Assistant
Tiffany Shao, Claremont Graduate University (USA)

Associate Editor, Risky Business
Lara Schwarz, University of Basel (CHE)

Associate Editor, Mental Health Diversion
Krisztina Petra Gula, University of California - Berkeley (USA)

Associate Editor, Forensic Mental Health Nursing
Tess Maguire, Swinburne University of Technology (AUS)

Associate Editor, Early Career Corner
Joe Marcel-Davies, Cardiff Metropolitan University (GBR)

Associate Editor, Student Section
Shreya Jagtap, University of Toronto Scarborough (CAN)



newsletter@iafmhs.org

We hope that readers enjoy the pictures shared in this issue, which reflect the beautiful natural and architectural sights found across Mexico City and Mexico more generally.

IAFMHS 2026 Conference Student Board Highlights

Student Section Editors: Liam Gorsuch, Sherya Jagtap, Ekatrina Kiddie, Samantha Muñoz

Student Breakfast

On the first morning of the conference, Student Board members hosted the annual student breakfast. The event provided the opportunity for attendees to meet several of the Student Board members, connect with fellow students from around the world, and learn more about opportunities available through the student section. The Student Board also highlighted several ongoing and new initiatives, including the webinar series, campus representative program, and upcoming Student Board elections. The breakfast was a great way to kick off the conference and set the tone for an engaging and collaborative experience.



Student Panel

On the second day of the conference, the Student Board hosted its panel, “Stories from the Pipeline: Culture, Neurodiversity, and Barriers in Forensic Mental Health Careers.” The panel brought together forensic professionals and students from diverse disciplines, including clinical psychology, nursing, and psychiatry. Chaired by Student Board President-elect Samantha Muñoz, the panel featured contributions from student President Shreya Jagtap, as well as Raymond Ho, Professor Corine de Ruiter, and Maiju Björkqvist, with Dr. Adegboyega Ogunwale also contributing a written statement.

Panelists shared personal experiences of navigating education, training, and professional development within forensic mental health services. Their perspectives provided valuable insight into the structural, interpersonal, and internal challenges that trainees can encounter when entering the field. The discussion also highlighted the importance of creating more inclusive and supportive training and professional environments for students and early-career professionals.



Continued on next page...

IAFMHS 2026 Conference Student Board Highlights (Cont'd)

Annual 5K Fun Run

On the morning of the second day, the Student Board hosted its annual 5K fun run, sponsored by Forensic Network and Nuivannien Sairaala. More than 20 conference attendees braved the rain to run 5 kilometres around the beautiful Kaisaniemenlahti, a bay located beside the conference venue in the heart of Helsinki. Despite the weather, the event was a huge success and provided a great opportunity to connect with attendees outside of the conference proceedings. All runners received a commemorative t-shirt designed by Ekatrina Kiddie and Leanne Vibar. We are incredibly grateful to everyone who participated and to our sponsors for their continued support of this annual tradition!



Student Social

The Student Board hosted its annual social at Flow Bar Helsinki on the second evening of the conference. Students gathered to share food and drinks and meet colleagues from around the world. Following the social, a smaller group continued to the Löylykontti Sörnäinen to experience a traditional Finnish sauna. Thank you to everyone who made it out and helped make the evening such a success, and especially to Laura Väätäinen for her local expertise!







Continued on next page...

IAFMHS 2026 Conference Student Board Highlights (Cont'd)

Student Awards

The Student Board awarded three travel awards and two presentation awards. We received a number of outstanding applications and are pleased to congratulate the 2026 winners:

1st Presentation Award: Madison Hardman, University of Manitoba

2nd Presentation Award: James McLaughlan, University of New South Wales

1st Travel Award: Chloe Taylor, McMaster University

2nd Travel Award: Ava Bowns, Carleton University

Diversity Travel Award: Taylor Matthew, University of Manitoba

Congratulations to all of this year's award recipients, and thank you to everyone who took the time to submit an application.



Ava Bowns

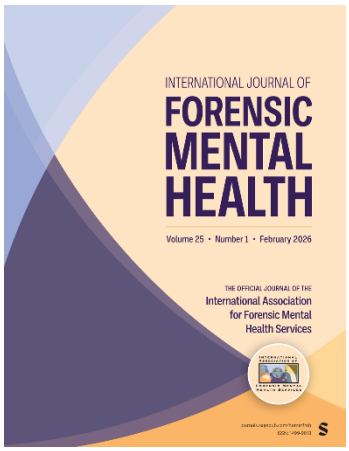


Taylor Matthew

Not Pictured: Chloe Taylor, James McLaughlin, Madison Hardman

Student Volunteers

The Student Board was fortunate to receive support from 29 student volunteers at this year's conference. Volunteers contributed across the conference programming, including staffing the registration desk, helping attendees navigate the venue, and serving as paper session timekeepers and providing hands-on support. Their efforts were central to helping the conference run smoothly and ensuring that attendees had a welcoming and smooth experience. We are immensely grateful to all the student volunteers for their time, energy, and dedication throughout the conference.



Key Dimensions of Work Climate in Forensic Mental Healthcare in the Netherlands: A Qualitative Study

Marojolein Hasperhoven[a], Nienke Verstegen[a,b], Maartje Clercx[c], Marije Keulen-de Vos[c,d] & Vivienne de Vogel [a,d,e]

[a]Department of Research, De Forensische Zorgspecialisten, Utrecht, The Netherlands; [b]Willem Pompe Institute, Utrecht University, Utrecht, The Netherlands; [c]Department of Research, de Rooyse Wissel, Venray, The Netherlands; [d]Faculty of Psychology and Neuroscience, Maastricht University, Maastricht, The Netherlands; [e]University of Applied Sciences Utrecht, Utrecht, The Netherlands

Abstract:

Forensic mental healthcare is considered a stressful environment of professional practice. Forensic professionals encounter numerous occupational difficulties, such as dealing with violence, managing high workloads, coping with the consequences of staff shortages, and high societal pressure. To understand what is important to professionals in their work climate, this study aimed to explore the key dimensions of the work climate in forensic mental healthcare in the Netherlands, across both inpatient and outpatient settings. First, desk research was conducted. Documents were selected from the databases of the Inspection Services of Justice and Security, the Healthcare and Youth Inspectorate, and the Custodial Institutions Agency in the Netherlands. Second, eight interviews were held with forensic professionals. A thematic analysis was conducted to analyze the data. Three main dimensions were generated: (a) Fundamentals, (b) Self-Governance, and (c) Interpersonal Relationships. A main finding in this study was that meaningful formal and informal interpersonal relationships between forensic professionals seem to be of vital importance in the work climate. This study provides insights and opportunities for forensic institutions and for professionals themselves to create or maintain a supportive work climate.

Plain Language Summary:

This study looked at what matters in the work climate of forensic mental healthcare in the Netherlands. By analyzing Inspection Services' documents and interviews with forensic professionals, three main topics were found: (a) Fundamentals, (b) Self-Governance, and (c) Interpersonal Relationships. These results can support professionals and forensic organizations in maintaining or improving a positive work climate.

Rethinking Personal Safety Training Through Hybrid Learning

Maiju Björkqvist, PhD student, MNSc, RN, Department of Nursing Science, Faculty of Medicine, University of Turku (FIN)

Maria Ameel, Head of Competence Development, PhD, M.Soc, RN, Unit for Psychiatry, HUS Helsinki University Hospital (FIN)

Tella Lantta, Associate Professor in Mental Health Nursing Science, PhD, RN | Department of Nursing Science, Faculty of Medicine, University of Turku, Turku, Finland; Centre for Forensic Behavioural Science at Swinburne University of Technology, Melbourne (AUS)



Maiju Björkqvist



Maria Ameel



Tella Lantta

Maintaining safety and supporting recovery are core responsibilities of forensic mental health nurses. Personal safety training for preventing and managing violent incidents in forensic mental health services has been an essential part of professional development training. The foundation of these training programs have been based on the "Control and Restraint" programs used in prison services during the 1980s, and heavily influenced by martial arts (Duxbury & Paterson, 2005). Although modern programs increasingly emphasize prevention, de-escalation, human rights, and trauma-informed practices, many still focus primarily on physical restraint techniques (see, for example, McDonnell et al., 2023; Tölli et al., 2017).

Personal safety training is traditionally delivered face-to-face due to its practical hands-on nature. However, this may limit accessibility and raise questions about what should be the focus of the training, especially as there is an imperative to move towards reducing coercive practices such as physical restraint. The development and curricula of these programs are often poorly documented, making evaluation and comparison difficult (Livingston et al., 2010; McDonnell et al., 2023). Many are developed locally or provided commercially (Hartley et al., 2019). For example, in Finland (0.54 psychiatric beds per 1000 inhabitants), there are 12 different personal safety programs, reflecting considerable variation in practice.

Continued on next page...

Rethinking Personal Safety Training Through Hybrid Learning (Cont'd)

Design with End-Users

Based on identified challenges in clinical practice and from the literature, such as varying training practices, limited training resources and uncertainty about the effects of training on safety or competence, a national research project was established in Finland in 2025. The partners in the project included one forensic and two general mental health hospitals, one of which provides both general and forensic mental health care. The aim of the project was to co-design a flexible hybrid personal safety training program together with end users that could be used without any cost across the country. The development process began by collecting course descriptions from all 25 public mental health inpatient care providers (including the prison hospital) in Finland and mapping against the literature. This initial work guided data collection via a Virtual Nominal Group Technique (vNGT) to identify topics necessary for inclusion in the training program (Lee et al., 2024). A NGT is a structured group process designed to reach consensus on a topic of interest. In addition to identifying key content areas, the goal was to identify topics that could be delivered online and the that topics require contact teaching. Neuman Systems Theory was selected as the guiding framework as it offers a useful structure for understanding stressors levels of primary, secondary, and tertiary prevention (Malpass & Carroll, 2024).

In the first year of the project, the focus was on creating the online content by, collaborating with experts from the partner organisations in co-design workshops, to create a curriculum prototype and produce training videos.



Continued on next page...

Rethinking Personal Safety Training Through Hybrid Learning (Cont'd)

Online Training: Preventing and Managing Patient Risk Behaviour

The final step before piloting the online course was to bring together all material developed in earlier steps and create the actual content and learning activities. The learning content of each module is based on empirical evidence, policy papers, and legislation, as well as established models and frameworks such as Safewards (Bowers, 2014), the Model for Understanding Inpatient Aggression (Maguire et al., 2021), Trauma-Informed Care (Classen & Clark, 2017), and the Six Core Strategies (Husckshorn, 2004). The term risk behaviour was used to refer to aggressive or violent behaviour directed toward oneself, other people, or property.

The training is comprised of three modules: (1) primary prevention, focusing on reducing environmental and individual stressors; (2) secondary prevention, focusing on the management of emerging risk behaviour and the reduction of harm; and (3) tertiary prevention, focusing on recovery, post-incident support, learning, and resilience. The duration of the online training was calculated to be six to eight hours. To promote person-centered learning, active learning methods were incorporated, such as reflection tasks, case examples, multiple-choice and true-or-false questions, as well as tasks participants complete in practice.

Next Steps

During the summer of 2026, the online course was piloted with temporary/casual/replacement nursing staff from one partner organisation. At present the feasibility and changes in self-reported competence using pre- and post-intervention measures and the Human and Comprehensive Management of Challenging Behaviour (HCMCB) instrument are being examined (Tölli et al., 2023). A trainer's manual for the contact training components is also under development, which includes instructions on how to teach the physical restraint techniques and de-escalation. The results of this project will be published in scientific journals.

This project is funded by the Finnish Work Environment Fund.



Rethinking Personal Safety Training Through Hybrid Learning (Cont'd)

References

Bowers L. (2014). Safewards: a new model of conflict and containment on psychiatric wards. *Journal of Psychiatric and Mental Health Nursing, 21*(6), 499–508. https://doi.org/10.1111/jpm.12129

Classen, C. C., & Clark, C. S. (2017). Trauma-informed care. In S. N. Gold (Ed.), APA handbook of trauma psychology: Trauma practice (pp. 515–541). *American Psychological Association.* https://doi.org/10.1037/0000020-025

Duxbury, J., & Paterson, B. (2005). The use of physical restraint in mental health nursing: An examination of principles, practice and implications for training. *The Journal of Adult Protection*, *7*(4), 13–24. https://doi.org/10.1108/14668203200500021

Hartley, H., Smith, J. D., & Vandyk, A. (2019). Systematic Review of Continuing Education Interventions for Licensed Nurses Working in Psychiatry. *The Journal of Continuing Education in Nursing*, *50*(5), 233–240. https://doi.org/10.3928/00220124-20190416-10

Huckshorn, K. A. (2004). Reducing seclusion & restraint use in mental health settings: Core strategies for prevention. *Journal of Psychosocial Nursing and Mental Health Services, 42*(9), 22–33.

Lee, S. H., Ten Cate, O., Gottlieb, M., Horsley, T., Shea, B., Fournier, K., Tran, C., Chan, T., Wood, T. J., & Humphrey-Murto, S. (2024). The use of virtual nominal groups in healthcare research: An extended scoping review. *PloS One*, *19*(6), e0302437. https://doi.org/10.1371/journal.pone.0302437

Livingston, J. D., Verdun-Jones, S., Brink, J., Lussier, P., & Nicholls, T. (2010). A narrative review of the effectiveness of aggression management training programs for psychiatric hospital staff. *Journal of Forensic Nursing*, *6*(1), 15. https://doi.org/10.1111/j.1939-3938.2009.01061.x

Maguire, T., Carroll, A., McKenna, B., Dunn, C., & Daffern, M. (2021). The Model for Understanding Inpatient Aggression: A Version for Mental Health Nurses Working in Prisons. *Issues in Mental Health Nursing*, *42*(9), 827–835. https://doi.org/10.1080/01612840.2020.1871134

Malpass, A. G., & Carroll, K. (2024). The Neuman Systems Model: A Framework for Aggression and Violence Prevention. *Nursing Science Quarterly*, *37*(2), 118–124. https://doi.org/10.1177/08943184231224436

McDonnell, A. A., O'Shea, M. C., Bews-Pugh, S. J., McAulliffe, H., & Deveau, R. (2023). Staff training in physical interventions: A literature review. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1129039

Tölli, S., Partanen, P., Kontio, R., & Häggman-Laitila, A. (2017). A quantitative systematic review of the effects of training interventions on enhancing the competence of nursing staff in managing challenging patient behaviour. *Journal of Advanced Nursing*, *73*(12), 2817–2831. https://doi.org/10.1111/jan.13351

Congratulations to this year's winner of the Christopher D. Webster Rising Star Award for Early Career Professionals (ECPs) in Forensic Mental Health

Early Excellence in Clinical or Policy Work

The Christopher D. Webster Rising Star Award for Excellence in Clinical or Policy Work recognizes an ECP whose contributions have had a meaningful impact on forensic mental health practice, service delivery, and/or policy development.

We are pleased to announce the winner for this year's Christopher Webster Rising Star Early Excellence in Policy Work is **Dr Howard Ryland (GBR)**.

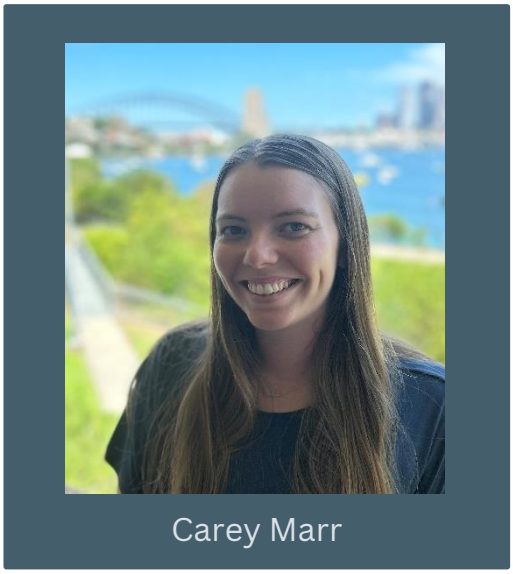


Dr Howard Ryland

Dr. Howard Ryland is a Consultant Forensic Psychiatrist with Oxford Health NHS Foundation Trust and a Senior Clinical Research Fellow with the Department of Psychiatry at the University of Oxford. Dr. Ryland completed his DPhil in 2021 during which he developed a new outcome measure for forensic mental health services called the FORensic oUtcome Measure (FORUM) (www.forensicoutcomemeasure.com). Dr Ryland has been a research fellow at the UK Parliament and is a guideline development committee member at the National Institute for Health and Care Excellence. He holds a National Institute for Health and Care Research Senior Clinical and Practitioner Research Award and is the Specialist Advisor on Outcome Measure in Mental Health Services at the Royal College of Psychiatrists. He has worked with NHS England to identify and fund research priorities related to commissioning secure mental health services. He currently co-leads a James Lind Alliance Priority Setting Partnership to identify the top ten most important research questions for forensic mental health services in England, Scotland and Wales.

Beyond Mental Health Courts: What Do We Know About Other Court-Based Mental Health Diversion Programs?

Carey Marr, Phd, Lecturer, Discipline of Psychiatry & Mental Health, School of Clinical Medicine, University of New South Wales (AUS).



Carey Marr

Much work has examined whether specialized mental health courts reduce reoffending. Four previous meta-analyses have consistently found that participation in mental health courts is associated with reduced recidivism, although the estimated effect size has varied from small to large. Specifically, Sarteschi et al. (2011) reported a moderate effect (d = -0.54), Lowder et al. (2018) found a smaller effect (d = -0.20), Jalain et al. (2024) reported a 42% reduction in recidivism (d = -0.30), and Fox et al. (2021) found a 74% reduction (d = -0.74). Despite differences in the magnitude of these effects, all reviews concluded that mental health courts are associated with reduced recidivism, while highlighting substantial heterogeneity and methodological limitations across the included studies.

What was our aim?

Despite this growing evidence base, no meta-analytic work has examined non-specialty court mental health diversion programs. Existing reviews are limited to narrative syntheses (Lange et al., 2011; Scott et al., 2013; Sirotich, 2009), which are now more than a decade old. Accordingly, we conducted a systematic review and meta-analysis to examine the association between participation in non-specialty court mental health diversion programs and recidivism.

What studies were included?

We systematically searched for peer-reviewed evaluations of non-specialty court mental health diversion programs for adults with mental illness that reported quantifiable recidivism outcomes that permitted calculation of an odds ratio. Studies of specialist mental health courts, pre-booking diversion programs, qualitative research, reviews, and other non-original study types were excluded. The search identified 1,126 articles, of which 83 underwent full-text screening and eight studies (12 effect sizes) met the inclusion criteria (Alarid et al., 2018; Case et al., 2009; Chesser & Smith, 2016; Hoff et al., 1999; Rivas-Vasquez et al., 2009; Shafer et al., 2004; Soon et al., 2024; Steadman et al., 1999).

Six studies were conducted in the United States and two in Australia. All were observational studies using retrospective or historical cohort or pre-post designs. Although all evaluated post-booking non-specialty court mental health diversion programs, the interventions varied considerably. These included outpatient,

Continued on next page...

Beyond Mental Health Courts: What Do We Know About Other Court-Based Mental Health Diversion Programs? (Cont'd)

inpatient, and community-based treatment, deferred sentencing or prosecution, pre-sentencing jail diversion, and conditional release. Recidivism outcomes included rearrests, reoffending, and days incarcerated, with follow-up periods ranging from two to twenty-four months.

What did we find?

Participation in non-specialty court mental health diversion programs was associated with a 53% reduction in the odds of recidivism (OR = 0.47; Cohen's d = -0.41). This finding is consistent with previous meta-analyses of specialist adult mental health courts (Jalain et al., 2024; Lowder et al., 2018; Sarteschi et al., 2011).

Several additional evaluations could not be included in the meta-analysis because comparable odds ratios could not be derived from the reported data. However, all reported findings consistent with the current meta-analysis, demonstrating reduced recidivism following participation in non-specialty court mental health diversion programs (Albalawi et al., 2019; Earl et al., 2017; Frisman et al., 2006, 2017; Mitton et al., 2007; Robertson et al., 2020; Weatherburn et al., 2021).

Despite this consistency in findings, the wide prediction interval (0.16-1.42) indicates substantial heterogeneity, suggesting that the effectiveness of diversion programs likely varies across populations, diversion models, and settings. Future research should therefore focus on identifying the mechanisms and contextual factors that influence program effectiveness through high-quality evaluations.

To strengthen the evidence base, we make several recommendations for future research:

- Studies should collect and report multiple recidivism outcomes (e.g., arrests, jail or prison days, and convictions/proven offences), provide clear definitions of each outcome, and report effect sizes to facilitate evidence synthesis.
- Studies should report at least 12 months of follow-up and include both fixed follow-up recidivism outcomes (e.g., 12-month recidivism rates) and time-to-event analyses, together with sufficient statistical information to enable future evidence synthesis.
- Detailed descriptions of diversion programs and initiatives should be reported to improve comparability across studies.
- In the absence of randomized controlled trials, observational studies should employ stronger comparison designs and more comprehensively account for potential confounding factors.
- Diversion program evaluations should be conducted and published in peer-reviewed journals to strengthen the evidence base and facilitate evidence synthesis across jurisdictions.
- Future research should investigate the mechanisms and moderators underlying program effectiveness, including which

Continued on next page...

Beyond Mental Health Courts: What Do We Know About Other Court-Based Mental Health Diversion Programs? (Cont'd)

diversion components are most effective, for whom they are most effective, and under what circumstances.

The final takeaway

Overall, these findings provide preliminary evidence supporting non-specialty court mental health diversion programs while underscoring the need for high-quality research to strengthen the evidence base, clarify the mechanisms underlying their effectiveness, and evaluate their impact beyond recidivism.

See here for the open-access publication:

Marr, C., Soon, Y-L., Greenberg, D., & Dean, K. (2026). Examining the impact of non-specialist court mental health diversion programs on recidivism: A systematic review and meta-analysis. *International Journal of Forensic Mental Health.* Advance online publication. https://doi.org/10.1177/14999013261469587

References

Alarid, L. F., & Rubin, M. (2018). Misdemeanor arrestees with mental health needs: Diversion and outpatient services as a recidivism reduction strategy. International *Journal of Offender Therapy and Comparative Criminology, 62*(3), 575-590. https://doi.org/10.1177/0306624X16652892

Albalawi, O., Chowdhury, N. Z., Wand, H., Allnutt, S., Greenberg, D., Adily, A., Kariminia, A., Schofield, P., Sara, G., Hanson, S., O'Driscoll, C., & Butler, T. (2019). Court diversion for those with psychosis and its impact on re-offending rates: Results from a longitudinal data-linkage study. *BJPsych Open, 5*(1), e9. https://doi.org/10.1192/bjo.2018.71

Case, B., Steadman, H.J., Dupuis, S.A. and Morris, L.S. (2009). Who succeeds in jail diversion programs for persons with mental illness? A multi-site study. *Behavioral Sciences & the Law, 27,* 661-674. https://doi.org/10.1002/bsl.883

Chesser, B.J., & Smith, K.H. (2016). The assessment and referral court list program in the Magistrates Court of Victoria: An Australian study of recidivism. *International Journal of Law, Crime, and Justice, 45,* 141-151. https://doi.org/10.1016/j.ijlcj.2015.12.003

Earl, T., Davison, S., & Richardson, L. (2017). Evaluating liaison and diversion schemes: An analysis of health, criminal and economic data. *The Journal of Forensic Psychiatry & Psychology, 28*(4), 562-580. https://doi.org/10.1080/14789949.2017.1308539

Fox, B., Miley, L., Kortright, K., & Wetsman, R. (2021). Assessing the effect of mental health courts on adult and juvenile recidivism: A meta-analysis. *American Journal of Criminal Justice, 46*(7), 644-664. https://doi.org/10.1007/s12103-021-09629-6

Frisman, L.K., Lin, H. J., Sturges, G.E., Levinson M., Baranoski, M.V, & Pollard, J.M.

Continued on next page...

Beyond Mental Health Courts: What Do We Know About Other Court-Based Mental Health Diversion Programs? (Cont'd)

(2006). Outcomes of court-based jail diversion programs for people with co-occurring disorders. *Journal of Dual Diagnosis, 2*(2), 5-26. https://doi.org/10.1300/J374v02n02_02

Frisman, L. K., Lin, H. J., Rodis, E. T., Grzelak, J., & Aiello, M. (2017). Evaluation of CT's ASIST program: Specialized services to divert higher risk defendants. *Behavioral Sciences & the Law, 35*(5-6), 550–561. https://doi.org/10.1002/bsl.2302

Hoff, R.A., Baranosky, M.V., Buchanan, J., Zonana, H., & Rosenheck, R.A. (1999). The effects of a jail diversion program on incarceration: A retrospective cohort study. *Journal of the American Academy of Psychiatry and the Law, 27*(3), 377–386.

Jalain, C. I., Lucas, P. A., & Higgins, G. E. (2024). Assessing the effectiveness of mental health courts in reducing recidivism: A systematic review with meta-analysis. *Justice Evaluation Journal, 7*(2), 212–230. https://doi.org/10.1080/24751979.2024.2373245

Lange, S., Rehm, J., & Popova, S. (2011). The effectiveness of criminal justice diversion initiatives in North America: A systematic literature review. *International Journal of Forensic Mental Health, 10*(3), 200–214. https://doi.org/10.1080/14999013.2011.598218

Loong, D., Bonato, S., Barnsley, J., & Dewa, C. S. (2019). The effectiveness of mental health courts in reducing recidivism and police contact: A systematic review. *Community Mental Health Journal, 55*(7), 1073–1098. https://doi.org/10.1007/s10597-019-00421-9

Lowder, E.M., Rade, C.B., & Desmarais, S.L. (2018). Effectiveness of mental health courts in reducing recidivism: A meta-analysis. *Psychiatric Services, 69*(1), 15–22. https://doi.org/10.1176/appi.ps.201700107

Mitton, C., Simpson, L., Gardner, L., Barnes, F., & McDougall, G. (2007). Calgary Diversion Program: A community-based alternative to incarceration for mentally ill offenders. *The Journal of Mental Health Policy and Economics, 10*(3), 145–151.

Rivas-Vazquez, R.A., Sarria, M., Rey, G., Rivas-Vazquez, A.A., Rodriguez, J., & Jardon, M. E. (2009). A relationship-based care model for jail diversion. *Psychiatric Services, 60*(6), 766–771. https://doi.org/10.1176/ps.2009.60.6.766

Robertson, A. G., Easter, M. M., Lin, H. J., Khoury, D., Pierce, J., Swanson, J., & Swartz, M. (2020). Gender-specific participation and outcomes among jail diversion clients with co-occurring substance use and mental health disorders. *Journal of Substance Abuse Treatment, 115,* 108035. https://doi.org/10.1016/j.jsat.2020.108035

Sarteschi, C. M., Vaughn, M. G., & Kim, K. (2011). Assessing the effectiveness of mental health courts: A quantitative review. *Journal of Criminal Justice, 39*(1), 12–20. https://doi.org/10.1016/j.jcrimjus.2010.11.003

Scott, D. A., McGilloway, S., Dempster, M., Browne, F., & Donnelly, M. (2013).

Continued on next page...

Beyond Mental Health Courts: What Do We Know About Other Court-Based Mental Health Diversion Programs? (Cont'd)

Effectiveness of criminal justice liaison and diversion services for offenders with mental disorders: A review. Psychiatric Services, 64(9), 843–849. https://doi.org/10.1176/appi.ps.201200144

Shafer, M. & Arthur, B., & Franczak, M. (2004). An analysis of post-booking jail diversion programming for persons with co-occurring disorders. Behavioral Sciences & the Law, 22(6), 771-85. https://doi.org/10.1002/bsl.603

Sirotich F. (2009). The criminal justice outcomes of jail diversion programs for persons with mental illness: a review of the evidence. The *Journal of the American Academy of Psychiatry and the Law, 37*(4), 461–472.

Soon, Y.L., Singh, S., Greenberg, D., Rae, N., Korobanova, D., Dixon, C., & Dean, K. (2024). Impact of mental health court diversion on reoffending: A direct comparison of diverted and undiverted groups. International Journal of Forensic Mental Health, *23*(4), 1–15. https://doi.org/10.1080/14999013.2024.2390107

Steadman, H. J., Cocozza, J. J., & Veysey, B. M. (1999). Comparing outcomes for diverted and nondiverted jail detainees with mental illnesses. *Law and Human Behavior, 23*(6), 615–627. https://doi.org/10.1023/A:1022385204967

Weatherburn, D., Albalawi, O., Chowdhury, N., Wand, H., Adily, A., Allnutt, S., & Butler, T. (2021). Does mental health treatment reduce recidivism among offenders with a psychotic illness? *Journal of Criminology, 54*(2), 239–258. https://doi.org/10.1177/0004865821996426

