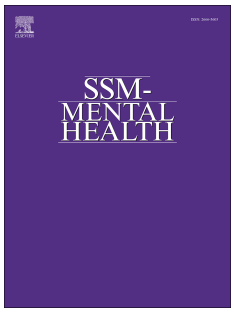

Understanding diversion programmes as an intervention for women with mental health issues: A realist review

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Title page

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Abstract:

Purpose

Women in prisons are known to suffer with more mental health difficulties and many experience challenges prior to incarceration. Diversion programmes are initiatives designed to divert people with pre-existing mental illness from the criminal justice

system into mental health services. The variability of effectiveness of interventions makes realist approaches particularly appropriate for diversion programmes, and this paper presents the first realist review to be undertaken across the breadth of this topic. This realist review aimed to explain the successes, failures and partial successes of these programmes as an intervention to improve the outcomes of women offenders with mental health issues.

Methods

We conducted a realist review of published literature explaining the impact of diversion programmes on participants with mental health issues. Consultations with six specialists in the field were conducted to validate the principles and hypotheses about key dynamics for effective programmes.

Results

The review included 69 articles. We identified four essential principles, developed through thematic groupings of context-mechanism-outcome configurations, to articulate key drivers of the effectiveness of diversion programmes: coordination between services; development and maintenance of relationships; addressing major risk factors; and stabilisation through diversion programmes.

Conclusions

The behaviour of women offenders is driven by need, and the complex needs of this group require individualised plans that incorporate relationships as vehicles for support and change. Although there is a role for gender-specific interventions, it is not fully understood and further research is required. Implications for future interventions are discussed.

Keywords:

- Prisons;

- Program Evaluation;
- Crime [prevention & control];
- Substance-Related Disorders;
- Mental Disorders;
- Women

Declaration of interests (see additional file)

Author contributions:

- Charlotte Brady: Conceptualisation; Data curation; Formal analysis; Investigation; Methodology; Validation; Visualisation; Project administration; Roles/Writing - original draft;
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1. Introduction

Worldwide, more than 10 million individuals are in prison at any given time and more than 30 million circulate through prison each year [1]. The incarceration of people with mental health conditions is now drawing attention globally, with increasing concerns around the detrimental impact of incarceration and the lack of mental health interventions adapted for prisons, alongside policy issues including overcrowding and other failures to meet human rights in prison settings [1]. This has resulted in an increased focus on developing mental health interventions for prison populations—particularly in high-income countries—including pre-arrest diversion services, mental health referral while incarcerated, and mental health provisions on release.

Rates of mental illness during incarceration have been found to be higher among women than men. Women are at greater risk of receiving a mental health diagnosis while incarcerated [2, 3], and diagnosis describes a wider variety of mental disorders [3]. Studies that have compared men and women have found that, except for psychoses and alcohol abuse or dependence, mental health disorders are more common in women, with odds ratios of 2–3 times those in men in prison samples [4-8]. This suggests that female inmates may face some different concerns from those of male inmates and, as a result, different needs. Evidence also suggests that prison results in a deterioration in mental well-being through factors such as overcrowding and isolation and the subsequent impact on levels of stress and distress. Incarceration is conceptualised as the fourth most upsetting event on the Holmes/Rahe Social Readjustment Rating Scale [9], and prison-related factors have also been found to be risk factors for suicide [10-13].

It is estimated that between 24% and 31% of women in prison have one or more child dependents [14]. Research in mother and baby units and with mothers separated from their children has highlighted that women in prison who have young children are at particularly high risk of mental health difficulties [15]. As most primary caregivers are women, the imprisonment of their mothers is particularly devastating

for children. The trauma that children experience due to early separation from their primary caregiver and alternative care arrangements affect their mental health. Children of incarcerated mothers display other negative effects such as school-related difficulties, depression, low self-esteem, aggressive behaviour and general emotional dysfunction [16]. Because of these deprivations and traumas, children of incarcerated parents are six times more likely than their counterparts to become incarcerated themselves [17]. This is exacerbated by the fact that there are fewer women's prisons, which means that female offenders are more likely than men to be incarcerated at a distance from their children, with resulting lower contact and emotional damage to both the child and the incarcerated mother [17]. It has also been suggested that women may be more hesitant than men to enter treatment because of their roles as primary caregivers or being pregnant, which could be due to a fear of being reported to the child welfare system and the possibility of children being removed from their care [18, 19]. Most women who have substance use disorders never receive treatment [18], which logically increases their risk of getting arrested and involved in the criminal justice system.

Outside the direct impact that incarceration has on individuals, crime imposes substantial personal, social, and financial costs on society. Incarceration has been shown to be ineffective at reducing crime [20], and targeting recidivism through diversion programmes is a worthwhile pursuit.

1.1. Diversion programmes – a route to better care?

Diversion programmes are initiatives designed to divert people with pre-existing mental illness from the criminal justice system into mental health services. These programmes include two broad interlocking areas of intervention [21]: the diversion mechanism, or the means by which an individual suffering from mental illness is identified and diverted, and the system (e.g. mental health services) to which the person is diverted. The appeal of diversion programmes is their potential to reduce the prevalence of mental health disorders in prisons, increase access to appropriate

services for people with mental health conditions, reduce recidivism in the long-term and increase public safety, all with the potential for cost savings [22-24].

Diversion programmes vary in their structure and procedures and operate at various points in the criminal justice process. A useful distinction is whether the intervention engages with a potential offender before or after booking. Pre-booking programmes allow police officers to divert offenders with mental illness instead of proceeding to make an arrest and commonly without filing any charges, and are often reliant on police-community partnerships. Common examples of pre-booking diversion services include programmes with specialist training for police officers and specialised crisis teams. Post-booking programmes occur after arrest and allow for the diversion of offenders at multiple points along the criminal justice pathway. Common examples include problem-solving courts which seek to address the underlying problems that contribute to criminal behaviours (mental health and drug courts), specialised parole or probation, suspended sentencing and community service.

We discuss their effectiveness later, but diversion programmes appear to be effective for some, but not all. There is limited understanding of the drivers of variation and what makes interventions effective for certain groups of individuals. We aimed to address this through a realist review exploring the real-world mechanisms that contribute to success and failure of diversion programmes. Our aim was to understand how the key mechanisms associated with the delivery of interventions that include diversion as a component interact with contextual influences, and with one another, to explain the successes, failures and partial successes of diversion programmes as an intervention to improve the outcomes of women offenders with mental health issues. Our specific objectives were (1) to identify the active strategies used in diversion programmes, (2) to identify the important contexts that determine whether mechanisms produce their intended outcomes, (3) to examine how diversion programmes meet the experiences and needs of people with mental health issues, and (4) to understand how organisational and system contexts influence implementation of diversion programme interventions.

2. Material and methods

2.1. Realist review

Although some evaluations and a small number of systematic reviews have been undertaken in recent years, focusing on specific types of alternative sentencing [25, 26], this paper presents the first realist review to be undertaken across the breadth of the topic. Realist reviews have emerged as a strategy for synthesising evidence and providing explanations for why interventions may or may not work, in what contexts, how, for whom, and in what circumstances [27, 28]. To understand the relationship between contexts and outcomes, realism uses the concept of 'mechanism', which can be defined as '… underlying entities, processes, or [social] structures which operate in particular contexts to generate outcomes of interest' [29]. Variation in contextual factors and how they interact with mechanisms is an explanation for variation in the effectiveness of interventions. This structure is used to describe context-mechanism-outcome configurations, which explain what makes a programme more or less effective at achieving its intended outcomes. **Error! Reference source not found.** depicts this structure and a full glossary of terms can be found in Appendix 2.

Dalkin et al. add detail to the way in which mechanisms are considered and describe differences in where the force of change is located [30]. Bhaskar's philosophy suggests that causal mechanisms sit primarily within the structural component of the social world and are therefore centered within the power and resources that lie with the great institutional forms of society [31], whereas other realists, such as Pawson and Tilley [32], argue that mechanisms are identified at the level of human reasoning, which in turn results in mechanisms having different meanings depending on the scope of the intended explanation. The approach to this review is to consider structural, intervention-based change, which can create an enabling environment for mechanisms.

The aim of a realist synthesis is '…to articulate underlying programme theories and then to interrogate the existing evidence to find out whether and where these theories are pertinent and productive…' [33]. Focusing on what it is about an intervention that makes it work (or not) in a given context should enable implementation researchers to work at the level of mechanisms of action [34]. The premise is that in certain contexts individuals are likely (although not always certain) to make similar choices, and therefore particular contexts influence our choices such that patterns emerge ('demi-regularities'), which can be defined through middle-range theories [33] ('programme theories').

The variability of effectiveness of interventions makes realist approaches particularly appropriate for diversion programmes. Traditional systematic review approaches have been criticised for being too specific and inflexible [27, 28, 35, 36], important given the complexity of implementing health and social care interventions. As a result, conventional systematic review approaches to evaluating the evidence of whether interventions work (or not) often result in limited answers such as 'to some extent' and 'sometimes' [27, 33, 36].

2.2. Approach

The review followed a five-phase process. It was grounded in the realist approach defined by Pawson (2004)[27] and adapted by Rycroft Malone et Al (2012)[34]. We built on this framework to include additional interviews in Phase 3, an approach taken by Rivas et al (2019)[37].

2.2.1. Phase 1: Formulating initial programme theories

In line with the realist methodology [27, 34], we developed initial programme theories in context-mechanism-outcome configurations in August 2020, by running a broad literature search to describe how diversion services and diversion programmes might impact incarceration and outcomes through described mechanisms.

Data collection

Throughout the review, searches were run using the following electronic databases: MEDLINE, EMBASE, PsycINFO, PscyARTICLES, Social policy and practice, ASSIA, IBSS. Searches were performed iteratively, as defined by the realist review methodology [27, 33], and supplemented with citation chaining and hand-searching. The Phase 1 search used the following key search terms, combined with Boolean Operators: alternative sentenc*, anxiety, arrest, community, service, crim*, deferred, adjudication, diversion, service*, female*, incarcerat*, mental competency, disorders, health, well-being, wellbeing, parole, police, pre-arrest, prearrest, prison*, probation, psychology, applied, suspended, wom?n. These were iterated in subsequent searches to achieve more targeted searching.

The eligibility criteria included interventions focused on adults with mental health issues, including substance use disorders, at any juncture in the criminal pathway. The criteria notably excluded juvenile programmes, interventions that did not target individuals with mental health issues and studies based solely on male participants.

A data extraction table was developed in Microsoft Excel to use in search #1 (and the subsequent targeted searches), to capture information on contexts, mechanisms and outcome combinations discussed in the papers, as well as assessments of relevance, rigour and potential bias.

2.2.2. Phase 2: Applying programme theories (August - September 2020)

The purpose of this stage was to strengthen understanding of the evidence base, focused on the initial theories in order to refine them. Evidence identified during searching, data extraction and synthesis was organised and understood through context-mechanism-outcome (CMO) configurations. To do this, CB used the extracted data to create CMOs that were explicitly linked in the literature. Patterns were identified, with possible explanations alongside other data extracted from other papers and against the emerging theories. CB grouped CMO configurations according to intervention and study type; for example, separating Mental Health Courts from alternative programmes such as boot camps. From these smaller datasets, we developed candidate essential principles based upon the CMO configurations.

Essential principles were clustered across interventions and studies to ensure that the final principles were underpinned by mechanisms across the range of interventions and contexts. RB and DO provided initial validation of these emerging principles.

At this point, we ran a number of targeted searches based on the initial CMO configurations. We used these searches to support, refute and develop the initial theories and underpin explanations of refined programme theories for use at the conclusion of the review. In the spirit of the structure used by Rivas et Al [37], emerging key themes were developed into Essential Principles, with hypotheses developed through the review underlying each.

2.2.3. Phase 3: Testing programme theories through interviews (September – October 2020)

Incorporating stakeholder engagement is a key component of the realist review methodology [27, 34]. Doing so at an early stage has been argued to be a meaningful route to identifying gaps for further literature searching (see Rivas et Al [37]). CB conducted expert interviews to refine the initial programme theories and to test the logic of the data extraction table, with an emphasis on identifying gaps. This stage was approved by the UCL Research Ethics Committee [id: 16793/001]

Six academics were consulted in the first round of interviews. Two were based in the United States, two in the United Kingdom and two in Australia, as countries with greater adoption of diversion programmes and therefore where the majority of evidence comes from. Two individuals had experience in developing and operating post-booking diversion programmes, one in operating pre-booking diversion programmes and all had experience in evaluating diversion programmes. They brought in interdisciplinary views as the group included three psychiatrists, two implementers of diversion programmes, one criminologist with experience in working with police officers both in training and practice and in court, one drug and alcohol abuse expert, and one expert in public service development and public policy.

Some had more than one specialism and all had experience of working with women involved in criminal justice, which was the specialisation for two experts.

2.2.4. Phase 4: Incorporating feedback and further targeted searching (October – November 2020)

Once programme theories were refined and future search strategies developed based on expert input, CB supplemented previously collected data through searches targeting candidate programme theories through the methodology applied in Phase 1, citation chaining (through backward citation tracking of reference lists and forward citation tracking through Google Scholar) of papers considered most relevant to the review, pragmatic searches of policy databases to identify relevant grey literature, and hand-searching for relevant evaluations. We continued to refine programme theories for these subsequent searches until we were satisfied that we had reached saturation, which was the point at which no new information was emerging.

2.2.5. Phase 5: Narrative development (October 2020 – March 2021)

The purpose of this stage was to test the refined programme theories and to develop iteratively a narrative around the findings of the review. A final data synthesis that drew upon the realist review methodology [27, 38] was completed using the following steps:

- Juxtaposition of sources in ways that might have provided further insights;
- Consolidation of sources when evidence about mechanisms and outcomes was complementary;
- Reconciliation of sources where outcomes differed in comparable contexts;
- Situation of sources where outcomes differed in different contexts;
- Adjudication of sources according to methodological strengths or weaknesses [38, 39].

An example of our approach was the review of evidence related to legal leverage, which was discussed in 10 publications. Five of these found that legal leverage was effective in reducing reoffending, two found that it was not, and three offered

explanations for variation in effectiveness. When authors came to differing conclusions, we considered whether study context could explain the variation in observed outcomes. We examined publications whose authors offered explanations for this variation to determine whether the findings were consistent. In the example of legal leverage, preservation of autonomy and reduced feelings of coercion were hypothesised to be factors in the variation in effectiveness, as there was evidence that diversion might not be effective unless people were sincerely motivated to change their lifestyle [40-43]. The outcome of the analysis is reflected in the table of CMO configurations (Appendix 1), and a narrative description of the tensions in Section 5.1.3.

A second set of interviews with the experts engaged in Phase 3 was completed by CB in December 2020, to test the context-mechanism-outcome configurations that the search had uncovered and to assist in refining the narrative around the programme theories. Tensions in the data were raised through these interviews to garner feedback from the group on how they were articulated and managed. When these discussions identified a potential gap, we undertook a further specific data search to be comprehensive in their articulation in the literature.

To articulate the role of gender, our approach was to highlight where specific comparisons were made within a study and collate the information on gender into a single discussion section to give an overarching view of observed differences. There was consensus in the stakeholder group that this was appropriate.

3. Theory

Theories of female criminality are limited. Islam et al summarise the key theories, noting that original theories of criminality focus entirely on men, as women were not historically an area of focus[44]. The theories include masculinisation theory (criminal behaviour in women is driven by masculine behaviour), opportunity theory (involvement in criminal activities increases when women have different opportunities), marginalisation theory (victimisation of women instigates them to

commit crime), and chivalry theory (lower rates of female criminality exist because of the more lenient treatment of female offenders by criminal justice personnel). In reviewing the methods used to generate these theories, we concluded that marginalisation theory was the only theory that was reliable and potentially valid.

The need for diversion is grounded in two main theories: labelling theory and differential association theory. Labelling theory suggests that labelling an individual with a negative term may lead them to exhibit associated undesirable behaviour, and therefore that processing individuals through the criminal justice system may have adverse effects by stigmatising and ostracising them for offences that could have been handled outside the formal system [45]. Differential association theory suggests that criminal behaviour can be learnt through association, such that individuals can learn antisocial attitudes and behaviours by associating with peers who exhibit them [46].

Three categories of theory relate to implementation of diversion programmes [47-50]. Retributive theories suggest that criminal behaviour is the result of rational choice and focus on changing the offender's behaviour and justice system perceptions in order to prevent re-offense. Emphasis is placed on demonstrating why someone should not commit crime, and informs the use of sanctions as deterrence, consistent experiences and education on the criminal justice system process [47, 49, 51]. Rehabilitative theories suggest that crime is the result of social context. Emphasis is placed on providing treatment and support to offenders that take into account their unique needs. This seeks to address criminal behaviour by providing resources for treatment and encourages facilitated interactions, use of social pressure and skill development [48, 49]. Reparative theory suggests that crime is both a result and a cause of community strain. The focus is on avoiding stigmatising processes, addressing underlying conditions and remedying harms caused to affected parties. Reparative theory emphasises the relational nature of crime and crime prevention and aims to promote the wellbeing of the offender by avoiding stigmatizing language and processes and providing structured opportunities. It seeks to repair community ties damaged by the offense by engaging those affected as decision-makers and

fostering meaningful dialog focused on identifying and addressing the needs of affected parties [48, 52]. Although these theories do not focus specifically on people with mental health conditions, they helped us to develop the search approach.

3.1. Effectiveness of diversion programmes

In addition to their theoretical basis, there have been many studies relating to the effectiveness of diversion programmes. The evidence to date suggests variable effectiveness, not only for specific interventions, but also for specific outcomes. As described above, diversion programmes may be pre- or post-booking. For example, a systematic review of evidence on pre-booking diversion of people with mental health problems identified five economic evaluations and concluded that pre-booking diversion may lead to overall cost savings per diverted individual compared with treatment as usual, with a cost shift to health services [26]. However, there is conflicting and limited evidence on the extent to which pre-booking diversion improves subsequent mental health outcomes or reduces the risk of reoffending. There was evidence of increased mental health service use [53], and group participants were more likely to have been hospitalised for a mental health condition than a control group at 3 and 12 months after diversion [53]. The review found mixed evidence on the risk of arrest after 3 months and an increased risk of arrest after 12 months [53]. One of the four studies included in the review found no significant effect of diversion on arrests up to 6 months after the index police contact [54]. However, this review only included two outcome studies, reflecting the limited evidence base.

For post-booking programmes, a systematic review by Lange et al. [25] found a high degree of effectiveness for jail-based diversion in reducing recidivism [55-60], and moderate effectiveness in reducing the number of days incarcerated [57, 61, 62] and substance use [57, 61], increasing service utilisation [60, 61] and quality of life [63]. Another review found little evidence for a reduction in recidivism, but strong evidence of a reduction in jail time [64]. Lange and colleagues [25] also suggested that mental health courts had a high degree of effectiveness in reducing recidivism [65-72] and increasing service utilisation [65, 72-74], moderate effectiveness in

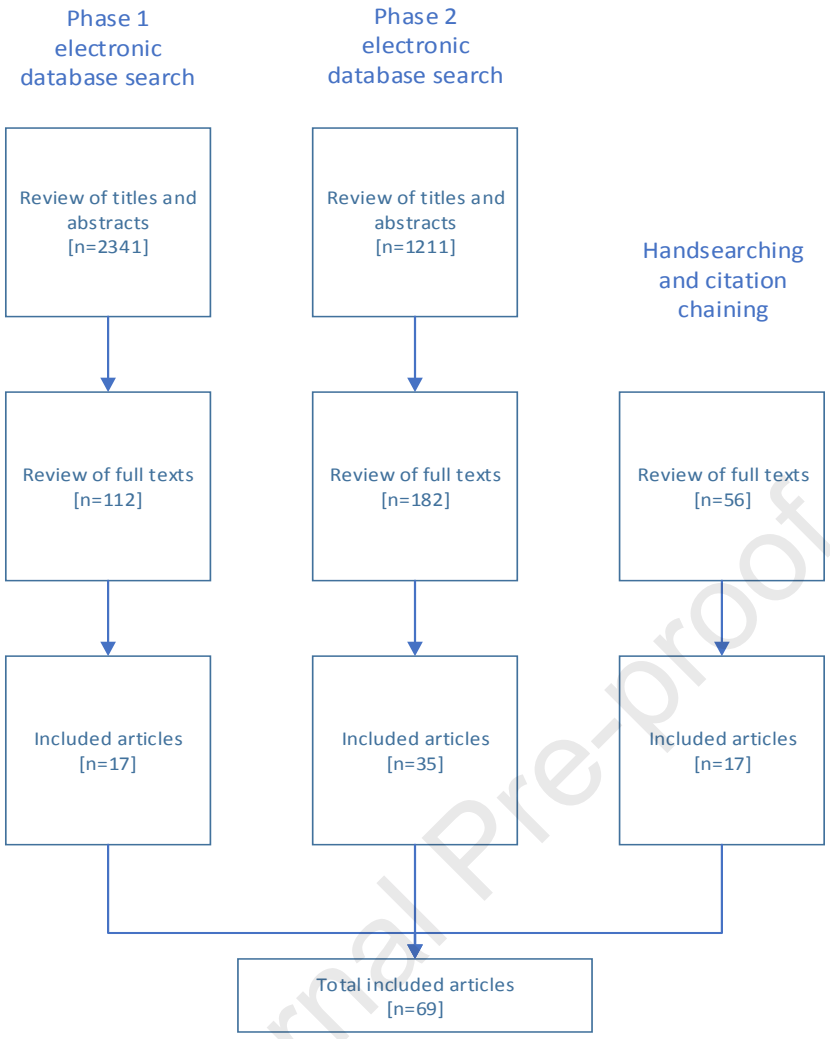
reducing the number of days incarcerated [75-77], reducing substance use [67, 68, 77], and improving mental health status [68, 75, 77], but limited effectiveness in increasing quality of life [68]. These findings suggest that in establishing a diversion programme it is important to be clear about the programme objectives and how public health objectives are balanced with criminal justice and cost saving objectives. These should be reflected in measuring the effectiveness of diversion programmes.

4. Results

4.1. Results of the search

Papers were entered into EPPI-4 review management software [78]. Figure 1 shows the number of papers included at each stage of the process.

Figure 1. Articles included



Most excluded studies focused on juvenile diversion programmes or only included male participants, both beyond the scope of the review.

4.2. Description of studies

Table 1 provides an overview of three types of study—qualitative, experimental, or cross-sectional—against a categorisation of interventions.

Table 1: overview of studies

	Qualitative studies	**Experimental studies**	**Cross-sectional studies**
Mental Health Courts	4	2	2

Drug Courts	5	4	0
Suspended Sentencing	0	2	0
Crime-specific Programme	1	0	0
Community Service	0	0	0
Probation	1	1	1
Police-based	4	2	1
Community-based treatment	6	1	3
A combination of interventions	14	1	1
None	7	0	1
Other[1]	4	1	0
Totals	**46**	**14**	**9**

Studies categorised as 'none' had a specific focus on the participants or practitioners of diversion programmes rather than a specific intervention.

4.3. Quality of studies and risk of bias

Three separate risk of bias checklists were used. To assess risk of bias in experimental studies, the 2011 Cochrane 'Risk of bias' criteria [79] were used to assess the extent to which each study attempted to control for six potential types of bias and assigned ratings of 'low risk of bias', 'high risk of bias', or 'unclear risk of bias'. To assess risk of bias in cross-sectional (survey) studies, we used criteria from a methods paper [80]. To assess risk of bias in qualitative studies, we used the Critical Appraisal Skills Programme (CASP)[81] to inform the 'risk of bias' rating insofar as it could be applied to qualitative research [82]. Table 2 summarises overall judgements of bias.

Table 2: bias in included studies

Type of study	High risk of bias	Unclear risk of bias	Low risk of bias
Experimental	0	4	10

[1] "Other" interventions: a sober living house, a Dual Treatment Track Program, a court-based coordination function, a peer support group and a parenting programme

Qualitative	2	14	30
Cross-sectional	0	1	8

4.4. Confidence in findings

We used the GRADE-CERQual (confidence in the evidence from reviews of qualitative research) approach to summarise confidence in the evidence [83]. After assessing each of the four components, CB judged confidence in the evidence supporting each review finding as high, moderate or low (Appendix 1 and summarised confidence in each Essential Principle in 5.4). In line with realist review principles, we focused on the relevance of the data rather than study quality. This is not reported on in detail and the risk of bias assessment was not used to exclude studies. Instead, it helped to inform our overall level of confidence in the findings (Appendix 1).

5. Discussion

Despite a desire to explore the specific approaches designed for women, the review identified only eight articles that focused only on women and four additional articles that meaningfully compared needs and experiences between genders. What follows is a discussion of the full sample, which highlights where specific comparisons were made within a study and collates the information on gender into a single discussion section to give an overarching view of observed differences from the literature. There was consensus in the stakeholder group that this was appropriate.

5.1. Essential Principles

Through the literature review, several hypotheses were developed by thematically grouping CMO configurations as they emerged. When analysing these hypotheses, four essential principles emerged. These essential principles and hypotheses are summarised in Table 3.

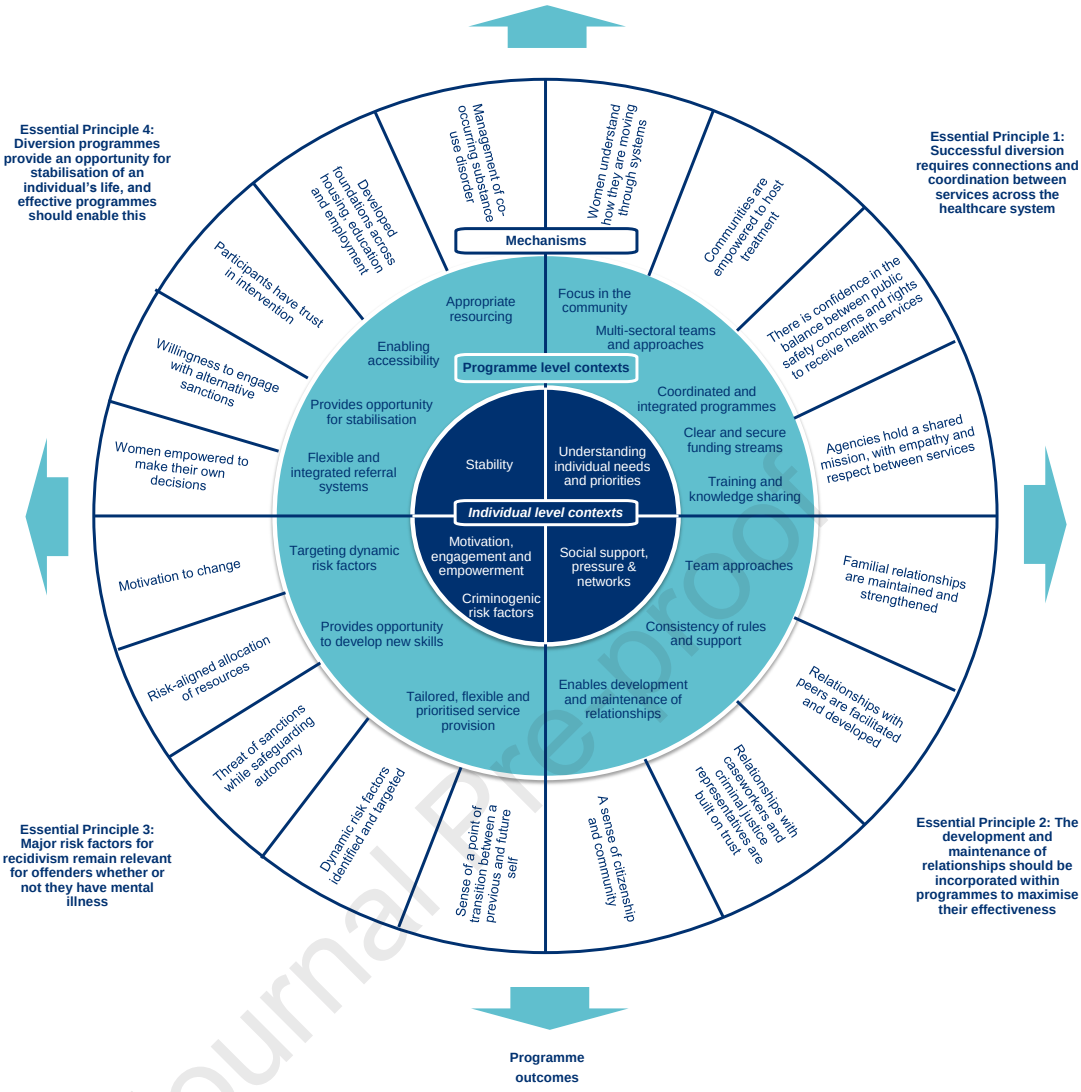
Table 3. Summary of Essential Principles, hypotheses and underpinning mechanisms

Essential principles	**Essential Principle 1: Successful diversion requires connections and coordination between services across the healthcare system**	**Essential Principle 2: The development and maintenance of relationships should be incorporated within programmes to maximise their effectiveness**	**Essential Principle 3: Major risk factors for recidivism remain relevant for offenders whether or not they have mental illness**	**Essential Principle 4: Diversion programmes provide an opportunity for stabilisation of an individual's life, and effective programmes should enable this**
Hypotheses	*Hypothesis 1:* Coordinated and integrated collaboration between healthcare and criminal justice systems, allows for flexible, prioritised and adaptable access to relevant services, particularly for complex case management *Hypothesis 2:* Having a focal point in the community can enable continuity of care and appropriate identification of follow-on services, and provides additional benefits to the community within which a programme is based *Hypothesis 3*: Multi-sectoral teams, training and knowledge sharing can enable teams to work together towards a common goal of health improvement,	*Hypothesis 4:* Social support and pressure can motivate people to change *Hypothesis 5*: Diversion programmes that are designed to enable the development and maintenance of relationships can result in greater treatment and programme adherence	*Hypothesis 6*: If a diversion programme is designed to address criminogenic risk factors as well as mental health treatment, there is a greater opportunity to reduce the risk of offending *Hypothesis 7*: Tailoring service provision to account for immediate and urgent needs, the type of crime committed and history of criminal justice involvement can maximise the effectiveness of diversion programmes by targeting specific risk factors and needs *Hypothesis 8*: Diversion programmes can create an opportunity for participants to develop new skills, making space for behaviour change and an overall change in outlook	*Hypothesis 9*: Diversion programmes are only as effective as the services they link to, which requires flexible and integrated referral systems to enable engagement with relevant services *Hypothesis 10*: Diversion programmes can motivate, facilitate and enable individuals to engage with relevant services through increasing accessibility to participants *Hypothesis 11*: Sufficient levels of resourcing with knowledgeable staff are required for successful assessment and identification of needs that are robust and not limited to one primary issue

	which supports the identification and facilitation of effective treatment			
Underpinning mechanisms	Women understand how they are moving through systems Communities are empowered to host treatment There is confidence in the balance between public safety concerns and rights to receive health services Agencies hold a shared mission, with empathy and mutuall respect	Familial relationships are maintained and strengthened Relationships with peers are facilitated and developed Relationships with caseworkers and criminal justice representatives are built on trust A sense of citizenship and community	Motivation to change Risk-aligned allocation of resources Threat of sanctions while safeguarding autonomy Dynamic risk factors identified and targeted Sense of a point of transition between a previous and future self	Management of co-occurring substance use disorder Developed foundations across housing, education and employment Participants have trust in intervention Willingness to engage with alternative sanctions Women empowered to make their own decisions

Although structured as four separate essential principles, in reality they are interconnected and the mechanisms within each strand interact with each other to achieve change, as shown in Figure 2. The interconnections shown between mechanisms make up the Essential Principles and demonstrate the related mechanisms that work together to achieve outcomes.

Figure 2. Summary of how levels of contexts interact with mechanisms within each Essential Principle



5.1.1. Essential Principle 1: Successful diversion requires connections and coordination between services across the healthcare, social support and criminal justice systems

Diversion programmes cannot focus solely on 'diversion from the criminal justice system,' but also have to focus on 'diversion into the mental health system' [84]. To achieve this, a diversion programme must build and maintain connections across services. Research has shown the cost-effectiveness of this approach [85-88], and that it increases service use [89, 90]. Criminal justice goals must be recognised as

discrete from improved mental health outcomes [55], but programmes should be structured such that these interests are not mutually exclusive [21, 91].

Hypothesis 1: Coordinated and integrated collaboration between healthcare and criminal justice systems allows for flexible, prioritised and adaptable access to relevant services, particularly for complex case management.

Diversion should be viewed as a system made up of various programmes, with a filtering system to prioritise access to the most urgent services [25, 56, 75, 92-95], facilitated by a coordinating layer [56, 65, 90, 96-100]. Justice and mental health professionals are able to cross boundaries within the system to provide appropriate treatment [21, 101-103]. Because offenders with mental health conditions present with complex needs, assessment, management and support should not focus on a single diagnosis or stage on a pathway. Regardless of the point of intervention, a case-centred approach should provide an individualised support package to improve overall health and wellbeing [104-108].

Balance between ensuring public safety and respecting the rights of individual offenders can be achieved through assessment of risk and the resulting extent of need for monitoring [109]. This provides ongoing comfort that public safety is protected, as enforcement capability can allow for diversion of a wide-range of cases, and there is no indication that diverted individuals who have non-violent or low-level violent offenses pose any greater public safety risk than those not diverted [53, 110, 111].

Hypothesis 2: Having a focal point in the community can enable continuity of care and appropriate identification of follow-on services, and provides additional benefits to the community within which a programme is based.

Treatment hosted within the community has been found to reduce the risk of reconviction [89, 112], whilst being more cost effective [113] and providing broader benefits through improving 'treatment as usual' services [75]. Screening and assessment are often more accurate in the community and home visits can facilitate

medication delivery, crisis intervention and networking [95]. Placing community partnerships at the centre of diversion programmes can facilitate the provision of individualised services and maximise available options [95]. Programmes should engage with the public, as this leads to a more symbiotic and efficient criminal justice-community relationship, enables consensus around goals and allows partnerships to be forged [103, 114, 115].

Unclear funding creates a challenge for diversion programmes that rely on community involvement. Planners must recognise their permanence and implement strategies to provide specific resources for their long-term support, to prevent and mitigate funding issues, legitimise their objectives and enable long-term, infrastructure, professional staffing and succession planning [115, 116].

Hypothesis 3: Multi-sectoral teams, training and knowledge sharing can enable teams to work together towards a common goal of health improvement, which supports the identification and facilitation of effective treatment.

Effective treatment requires a multidisciplinary team with capacity to access a range of services related to housing, addiction, vocational rehabilitation, and social services, in addition to formal mental health care [99, 117]. This can be improved through cross-systems education and training, which raises awareness of available services, shares resources, builds empathy and creates a community of respect between services [96, 102], and enables a clear focus on health improvement [118]. Information sharing is critical to support service provision and should be covered by policy [111, 116, 119] with shared agreements around confidentiality, roles, responsibilities and resourcing [116].

5.1.2. Essential Principle 2: The development and maintenance of relationships should be incorporated within diversion programmes to maximise their effectiveness

High social capital has been shown to be associated with lower crime rates [120-124] and family/marriage disturbance is identified as one of the eight central criminogenic

needs relevant for reducing recidivism [125, 126]. The literature shows that developing social links and increasing social capital through community connectedness [118] provides the potential to increase self-efficacy for persons with mental illness [127, 128].

Hypothesis 4: Social support and pressure can motivate people to change.

A stable family base can increase willingness of individuals to engage with diversion programmes, as long as they allow for continued contact with family [129]. Drug court participation can lead to less family conflict and an increase in emotional support received from family members [130]. This can be supported by providing psychoeducation, support to families, and involving them in treatment planning [95]. Family dysfunction is a risk factor for substance abuse [131], so an intervention reducing drug use may assist participants in reconnecting with family [130].

The relationship between participants and case workers or clinicians is an important determinant of outcomes, including treatment attitudes and adherence [132]. A relationship enabling participants to feel 'believed in' and supported correlates with positive outcomes [118], including increased service use [133], and relationships characterised by care, fairness and trust [134] reduce risk of recidivism [89]. Participants find consistency in rule enforcement reassuring and can be destabilised and demoralised when enforcement is seen to be inconsistent [135].

Multidisciplinary staffing and shared caseloads improve effectiveness [95], with the consistency of experiences with personnel being important [136]. Where required by programmes, the role of a judge and the frequency, quality and length of interactions can improve outcomes and enhance motivation to change [137].

Hypothesis 5: Diversion programmes that are designed to enable the development and maintenance of relationships can result in greater treatment and programme adherence.

In general, women wish to be 'good' mothers, even if using illicit drugs [138-142] and the stigma experienced by non-custodial mothers is an added assault to the self-worth of recovering mothers trying to build healthy relationships with their children [141]. Possibilities for building these relationships need to be central, whether or not this is disclosed as a prime concern or a relationship is desired [141, 143]. In addition to therapeutic elements, the structure of a diversion programme should enable a schedule which allows a woman to meet the needs of her family [18, 144].

Groups are a primary method of treatment used in diversion programmes for people with mental illness [145-147] and their effectiveness comes from the development of social coping and skills [143, 148-153]. Treatment methods should be skills-oriented, active and designed to improve problem solving in social interaction, based on cognitive behavioural techniques [154]. Effectiveness can also be improved by identifying role models, for example by employing ex-offenders to offer hope for the possibility of change [118]. Where possible, groups should be gender-specific to allow women to feel safe and to enable greater focus on individualised needs as women [18], and tailored to disorders, addictions and offence to encourage sharing [155] in a place of openness, flexibility and support [154].

Citizenship is a measure of the strength of people's connections to the rights, responsibilities, roles, and resources available to them through public and social institutions [156-159]. Civic participation is a measure of an individual's involvement in society [160] and opportunities to participate should be created for members of marginalised groups [161]. This is enhanced through social networks [162, 163], with an emphasis on supporting clients' access to housing, work, friends, and public and social activities [164], and in turn can help individuals to feel entitled and empowered to engage with services [129].

5.1.3. Essential Principle 3: Major risk factors for recidivism remain relevant for offenders whether or not they have mental illness

The literature shows that eight central criminogenic needs[2] are relevant for reducing recidivism: antisocial associates, antisocial cognitions, antisocial personality, history of antisocial behaviour, substance use, family or marriage disturbances, school or work disturbances and lack of prosocial leisure or recreation [126]. Criminogenic risk factors have been found to be the strongest predictors of recidivism, whereas clinical variables were the weakest [165, 166]. Focusing on criminogenic need has been shown to produce better outcomes, even when an individual has a mental health condition, across a range of severity of needs and risk levels [99, 167-171]. Diversion programmes should therefore include components focusing on addressing criminogenic risk factors as well as any underlying mental health conditions.

Hypothesis 6: If a diversion programme is designed to address criminogenic risk factors as well as mental health treatment, there is a greater opportunity to reduce the risk of offending.

Dynamic risk factors such as education, employment and substance misuse [172, 173] are criminogenic risk factors that are amenable to change [102, 126, 174-176], and interventions that aim to reduce re-offending should target them directly [134, 154, 177, 178]. Criminal thinking and antisocial attitudes, values, and beliefs related to crime are common among justice-involved people with mental illness [179-183] and this contributes to engagement in criminal behaviour and prolonged involvement in criminal activity, through supporting a criminal lifestyle [183, 184]. Interventions targeting these needs should be incorporated into traditional mental health services to help individuals avoid criminal justice involvement [154, 169, 179-183, 185, 186].

Legal leverage can require individuals with mental health conditions to choose between treatment and supervision or legal consequences [125]. The benefits are avoiding a criminal record and incarceration [109] and associations with improved

[2] Criminogenic needs are characteristics, traits, problems, or issues for an individual that directly relate to their likelihood of re-offending.

adherence [24, 137, 187-190], although not with reduced recidivism or programme completion [112, 191, 192]. Legal leverage has been found to be less effective when associated with perceived coercion [193, 194], as this can reduce an individual's sense of autonomy [195] and in turn motivation for treatment or compliance [100] and lasting behaviour change (as seen in other conditions associated with treatment adherence problems [41-43, 125, 196-200], though evidence is mixed [76]. Key to establishing effective legal leverage are partnerships between mental health and criminal justice staff [84, 125, 201-203], but their structure is important. Perceptions of coercion are increased when probation officers are incorporated within mental health treatment [203, 204] and there is an enforcement approach to collaboration [203] rather than a shared belief in treatment as an alternative to incarceration [205].

Hypothesis 7: Tailoring service provision to account for immediate and urgent needs, the type of crime committed and history of criminal justice involvement can maximise the effectiveness of diversion programmes by targeting specific risk factors and needs.

As offenders often have multiple needs, interventions need to tackle a wide range of problems [126, 154, 169, 206-209]. Behavioural interventions are most effective when tailored to characteristics [210, 211], and when offenders' own goals and needs are incorporated, with practical, achievable targets to show progress [118, 212, 213].

The Risk-Needs-Responsivity model is a set of principles that seek to maximise the effectiveness of community corrections interventions [89]. These principles state that recidivism can be reduced when programmes match intensity of supervision and treatment services to the level of risk for recidivism, match modes of service to participants' abilities and styles, and target a greater number of their changeable risk factors for recidivism or criminogenic needs [109, 175, 176, 214-217].

Hypothesis 8: Diversion programmes can create an opportunity for participants to develop new skills, making space for behaviour change and an overall change in outlook.

There is a strong link between graduation status and reduced subsequent arrest rates [65, 66]. Heightened motivation to change attitudes and behaviours is a factor in predicting programme completion [65], which in turn reduces likelihood of reoffending [65, 100]. This can allow for higher levels of supervision and compliance [65], lifestyle and outlook changes [118], programme and treatment adherence [135, 212, 218-220], and establishing a positive therapeutic alliance between the participant and diversion team [221, 222]. Motivational and behaviour change elements such as motivational interviewing and cognitive behavioural or social learning strategies can be embedded [102, 155, 210-212, 218, 219]. Increased likelihood of graduation can also be achieved through the application of evidence-based, trauma-informed and gender-responsive interventions [18].

Anne (2015) concluded that graduation parallels the graduation that occurs to mark passage out of liminality into a new status of reintegration [223], and can act as a point of transition for offenders. However, continuity of care should be preserved and there should be a transition plan for programme completers to allow continued access to services where required [93, 224].

5.1.4. Essential Principle 4: Diversion programmes provide an opportunity for stabilisation of an individual's life, and effective programmes should enable this

Unemployment [225, 226], poverty [125], lower educational attainment [227], and history of trauma [228] are associated with increased risk of incarceration and all are more likely to be experienced by persons with severe mental illness [227]. Diversion programmes can increase retention in mental health services [95] and help people avoid hospitalisation, increase housing stability and moderately improve symptoms and subjective quality of life [95], through providing access to social services, educational and vocational training, health and housing provision and ongoing counselling [229], to rebuild networks and nurture stability. Increasing availability of services increases an individual's chances of graduating a programme [192, 230-237].

Hypothesis 9: Diversion programmes are only as effective as the services they link to, which requires flexible and integrated referral systems to enable engagement with relevant services.

Homelessness is an agreed risk factor for recidivism [55, 238, 239] and is associated with other problems such as substance use, HIV risk and psychiatric symptoms. Appropriate housing is an essential need among adults with psychotic disorders [240-242] and the incorporation of a residential treatment component may be critical to promoting safety and stability [84, 94, 111], while increasing service use and reducing incarceration rates [55, 89]. However, housing providers are often reluctant to serve high-risk individuals [135], and diversion programmes should enable this and develop a realistic plan for residence following programme completion [55, 111, 135].

Stable employment has been shown to correlate with programme completion [88, 230], and finding work or job training is an essential component of a diversion programme [237, 243]. Supported employment is effective at increasing chances of obtaining and keeping employment for people with mental illnesses [89] and promoting career growth can strengthen family and career associations [230].

Trauma interventions can reduce associated symptoms [89] and trauma should be assessed and treated concurrently with any substance use disorders [18]. This is particularly relevant given the high rate of trauma among people with mental illnesses, particularly women involved in the criminal justice system [18]. Illness self-management and recovery focuses on providing individuals with mental illnesses the skills to monitor and control their own well-being [89], and strategies such as psychoeducation and relapse prevention programmes can improve clinical outcomes [89]. Psychopharmacology is established as a treatment for people with serious mental illnesses [89] and can be made more effective within a diversion programme through family psychoeducation to build relationships and collaborations [89].

Hypothesis 10: Diversion programmes can motivate, facilitate and enable individuals to engage with relevant services through increasing accessibility to participants.

Diversion programmes should be accessible to all, including those with family commitments [90, 129, 242] and individuals with conditions that can make it difficult to engage, such as learning difficulties [244]. Women may be more hesitant to enter treatment due to their roles as primary caregivers and additional concerns around having children removed from their care [18]. Strategies to facilitate attendance should be established, to quickly respond to patient emergencies, provide personalised feedback and positive reinforcement, and facilitate self-selected modes of delivery [245], and information should be accessible with appropriately trained staff to increase understanding and trust for those with communication deficits [244].

Programmes should be persistent in engaging reluctant clients, both during initial contacts and after they have enrolled, and should not automatically terminate contact with clients who miss appointments. Outreach should focus on relationship-building and provide tangible help, especially with regard to finances and housing, with an ability to fund emergency expenses [95]. Following the programme, services should remain accessible in some form to allow for the development of long-term, trusting therapeutic relationships and to avoid participants regressing [95].

Hypothesis 11: Sufficient levels of resourcing with knowledgeable staff are required for successful assessment and identification of needs that are robust and not limited to one primary issue.

Diversion programmes should include robust mental health screening and open referral mechanisms [90, 117] to enhance accessibility and increase the likelihood that needs are properly addressed [116]. Programmes should be tailored to needs [245] and avoid a focus on recording one 'primary issue', which hinders the ability to capture multi-layered problems [118]. This can be facilitated through multidisciplinary staffing [89, 95] and requires adequate training [23, 95], resourcing and capacity to provide ongoing support and appropriate treatment services for referral [100].

Treatment should be intensive and of sufficient duration to have lasting effect, as this time ensures medication adherence and stabilises participants, while ensuring individuals attend any court-related commitments [91]. This can be particularly effective as diversion programmes often come in contact with an individual when they are most susceptible to entering a treatment plan, with court-supervised treatment individual monitoring and the potential threat of sanctions [190].

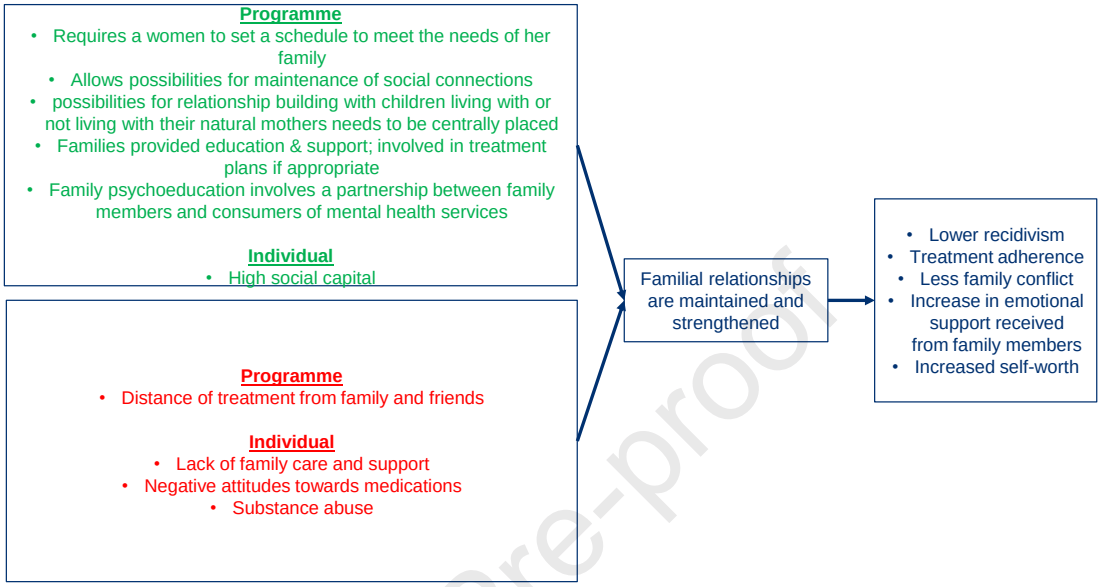
5.1.5. What does this mean for the design of diversion programmes?

The essential principles and hypotheses distil what works, by describing clusters of CMO configurations identified through the review (summarised in Table 3 and presented in full in Appendix 1). As discussed earlier, mechanisms are enabled or disabled by contexts, which may be related to programme design—for example, the structures implemented by an intervention—or may be individual in nature; for example, the strength of support network that an individual has. There is a clear disparity in the leverage that an intervention has between these levels of contexts, as intervention design can account for programme contextual factors, but does not have this level of influence over individual contexts. In these cases, what an intervention can do is aim to create an enabling environment for mechanisms of action.

An example is Hypothesis 5: “Diversion programmes that are designed to enable the development and maintenance of relationships can result in greater treatment and programme adherence.” A mechanism identified through the review is “Familial relationships are maintained and strengthened.” This mechanism facilitates the formation of social bonds, which is a central criminogenic need relevant for reducing recidivism. This is particularly relevant in the context where women have children, as most women intend or wish to be ‘good’ mothers, and the stigma experienced by non-custodial mothers can be an added assault to the self-worth of recovering mothers [138-142]. Figure 3 shows a worked example of the identified enabling and disabling CMO configurations related to this mechanism, utilising the structure introduced in **Error! Reference source not found.**. The complete set of CMO

configurations across all Essential Principles and Hypotheses can be found in Appendix 1.

Figure 3. Worked example of a CMO configuration from the review



Here we see that the relevant programme-specific contexts identified are theoretically (with limitations around funding, capacity, etc.) within the control of an intervention. For example, a programme can be designed with the flexibility to allow women to maintain contact with their family, by putting in place practical structures to allow this (such as building in social time, facilitating meetings or phone calls). On the other hand, there are contexts that are not within the control of an intervention, an example of this being the disabling individual context of "Lack of family care and support." A diversion programme is not able to directly eliminate this disabling context through intervention design, but can create an environment that may encourage it or allow for it to be possible; for example, by addressing logistical issues by facilitating contact and addressing underlying relational issues through access to talking therapy, education and support. Of course, there may be more permanent barriers to enabling this mechanism, particularly when it comes to mother-child relationships for which there may be legal restrictions on contact or where a programme participant does not have a family of her own. This is an area that demonstrates the limitations to diversion programmes and where the combination of mechanisms becomes important to achieving positive change.

5.2. Gender differences in the literature

A key difference in treatment needs identified in the literature is unsurprisingly around a woman's role as a mother. Women who have offended or engaged in substance abuse can feel a huge amount of shame and confusion around their children, as they generally want to be 'good' mothers, even when using illicit drugs [138-142]. The resulting suffering, as well as the relationship with children more broadly, should be a focus of mental health treatment [141], which can be positive for mothers, families and society [141, 246].

Beyond therapeutic approaches, supporting mothers through diversion programmes can include the practical management of participation in a woman's familial commitments. This can also increase the accessibility of programmes to women, who have been found to be more willing than men to serve more time in diversion programmes to avoid imprisonment: the idea being that women are able to meet the needs of their family and retain custody or contact with their children [129].

Mental health treatment should itself be gender-responsive. Where cognitive-behavioural approaches with a focus on the development of a community support network have shown promise in reducing male recidivism, it is suggested that for women the emphasis should be on connections and disconnections, and trauma and recovery within a relational framework [19]. This has a basis in relational theory, established through research in the context of women from childhood to young adulthood, and black women, within the tradition of close ties to family and community [19, 247, 248]. While a physiological development goal for men is typically to become self-sufficient and autonomous, women develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others, and therefore connection is the guiding principle of growth for women. Women have identified feeling they were not receiving effective gender-responsive interventions as a barrier to graduating, for example, in a treatment group setting [18].

5.3. Completeness and applicability of evidence

The review drew on diverse literature, including both grey literature and peer-reviewed papers. There were gaps, the most significant being the lack of gender-focused or gender-specific studies. Although this is a limitation, expert consultations provided some assurance by suggesting that the differences identified were the critical differences they had experienced in practice.

The literature base would particularly benefit from further research on three of the topics discussed in the review in the context of diversion programmes. Firstly, how to foster positive peer relationships. Group sessions are highlighted in the literature as a primary way of promoting the development of peer relationships and learning. However, knowledge of ways of applying these principles outside group settings and for different types of offenders is limited, despite an understanding that the model may not be appropriate for everyone. For example, in the use of offence-specific groups, dealing with clients' own experiences of being sexually abused may be inappropriate in the context of sex offender treatment [155]. Secondly, how to develop feelings of citizenship and belonging. Although the literature describes the benefits, it is less clear on how feelings of citizenship can be encouraged for individuals who have little or no previous experience of it. Finally, how to effectively integrate mental health treatment and management in this context. The literature points to a clear need to incorporate a range of services for diversion programmes to be effective, as described in Essential Principle 3 and Essential Principle 4. It remains the case, however, that mental health conditions and underlying trauma must be addressed to enable recovery. There was limited evidence on achieving the effective integration of these services and how they should be prioritised.

Outside the topics explicitly discussed here, another area of research which would be valuable is in defining and measuring the benefits of effective diversion programmes to wider communities. The literature focuses largely on economic benefits, with a small amount of evidence on the “bleeding” of new treatment practices into other services and, as a result, improving treatment as usual. Understanding and

empirically demonstrating the societal benefits of diversion programmes would enable decision makers to consider the longer-term funding commitments suggested above.

Finally, the perspectives of service-users could provide useful insight in testing and refining the programme theories generated through the review. This forms the basis of a subsequent study that will engage with participants with our findings.

5.4. Overall confidence in findings

Despite these limitations, the review provides clear indications of mechanisms and contexts for effectiveness in diversion programmes. CB made a judgement about the overall confidence in the evidence supporting individual review findings, based on the volume of evidence, consistency of findings, and expert stakeholder feedback, which we report in Appendix 1.

Overall, we have a moderate-to-high level of confidence in Essential Principle 1, an area of focus in 47 studies. There is a clear need for boundary-spanning approaches and inter-agency collaboration, but a lack of evidence on how to achieve it in resource-limited settings. The stakeholder group were in complete agreement with this principle, with one participant reflecting that:

"*You have sometimes just one single health professional or somebody in the criminal justice system who really gets it and they make all this stuff happen. You know they will ring the housing and they will contact their welfare rights people and they will do all this other stuff which is not strictly speaking within their role. But they take it on because they understand what's needed*" – UK Professor, interviewed January 2021.

We have a moderate level of confidence in Essential Principle 2, which was the focus in 20 studies. This is mostly driven by a lack of evidence around the mechanisms for achieving change as they relate to increased feelings of citizenship, as well as how best to foster relationships with peers. We have a moderate-to-high level of confidence in Essential Principle 3, an area of focus in 32 studies. We have particularly

high confidence in findings around the need for diversion programmes to target dynamic, criminogenic risk factors, but have less confidence around the most effective use of sanctions, due to the mixed evidence base. The stakeholder group agreed with this principle, with one participant saying, "*it's the criminogenic needs. It's the social needs the family needs. Whether a person has mental illness or not, that is. The basis for how they behave, and if you want to change the behaviour, if you want to enhance their level of function, you have to understand these needs*". A note of concern was expressed about how this principle is articulated, discussed below. We have a high level of confidence in Essential Principle 4, an area of focus in 35 studies. There is a strong evidence base for the need to consider a woman's practical needs as part of any diversion programme and there are established and tested ways of achieving this.

The expert group overall had confidence in the findings, but had two points of concern which diverged from themes emerging from the review. First, that there was limited evidence that explicitly discussed the role of a treatment focused on trauma. One participant said that there was a need for *"much more of a life course approach to supporting people who've experienced adverse childhood experiences and trauma because we know that the likelihood is that they will end up with mental health difficulties or in the criminal justice system."* This resulted in further searching around this topic specifically, although it remained light on evidence associated specifically with diversion programmes. Second, related to Essential Principle 3, experts were concerned that this could underplay the role of mental health treatment for those with mental health needs. This feedback was helpful in developing narrative around this principle, to clarify that women with mental health needs do require specialist treatment and are at greater risk of incarceration as a result of these needs and how they interact with other risk factors. Nevertheless, what this principle is aiming to articulate is that criminogenic risk factors seen in the wider criminal-justice-involved population remain relevant for those with mental health issues, and as such, should be targeted in addition to any specific mental health treatment.

6. Conclusions

If an overarching objective of diversion programmes is to change behaviour, an individual's needs have to be understood, including those which are not directly related to mental illness. This includes, but should not be limited to, mental health needs, particularly through addressing trauma.

Our findings illuminate that care to promote mental health requires individual rather than agency-based plans. Programmes require flexibility to be able to prioritise services and interventions based on need, building connections with other resources in the community where they are based. Regardless of the way in which an individual comes into contact with a programme, they should be able to access the appropriate services, tailored to meet greatest and most urgent needs first.

The findings also suggest that quality of relationships can enhance, or even define, an individual's experience of a diversion programme. There are two aspects to this: the relationship an individual has with a programme, which should be based on trust, understanding and recovery; and the relationships an individual has outside the programme, which should be supported by diversion programmes, both through enabling ongoing contact with an individual's support network, and more broadly, through nurturing an individual's connection with the community they are part of.

Finally, the findings also suggest a role for specific gendered tailoring of interventions, linked to previously mentioned factors. However, there is more to understand about specific mechanism of gender disadvantage and how they may feature in the design implications for programmes, and this is an area for future investigation.

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Declaration of interests

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