



Integrating Problem - Solving Courts: Global Evidence And A Forensic Psychology Framework For Reducing Substance Use And Mental - Health Related Crime

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Abstract: Offending or criminal behavior related to substance use disorders (SUDs) and Mental Health (MH) disorders is one of the most pervasive global challenges undermining the integrity of the criminal justice system. Traditional judicial practices involved adopting an incarceration-based, punitive model to crime, with only minimal effectiveness in reducing recidivism and treatment of sociocultural, psychological, physical, and practical roots of criminal intent or motive of the offenders, leading to rehabilitation. By contrast, Problem-Solving Courts (PSCs) or Integrated Courts (IC), such as the Drug treatment courts (DTCs), Mental Health Courts (MHCs), Indigenous Peoples' Court (IPCs) epitomise a holistic and integrated care model that combines judicial supervision and control with therapeutic interventions, community-based care, and principles from forensic psychology such as therapeutic jurisprudence, restorative justice, treatment models and risk assessment. Based on empirical evidence and corroborating data from the United States, Canada, Australia, New Zealand, and Europe, this paper demonstrates that PSCs reduce recidivism, increase compliance with treatment adherence, and advocate for cost-effective measures that address the underlying causes of criminal behavior, rather than focusing on punitive measures. The discussion subsequently explores the future direction of adopting a PSC Model in the Indian Judicial System, addressing prison crowding and high prevalence of untreated mental health conditions, and evaluating the application of the integrated model. Drawing on forensic psychology principles, the paper addresses exploring execution of Problem - Solving Courts through Metropolitan Pilot Program by leveraging of existing or new support services encompassing the Triage Team which will consist of health care workers , mental health supports, housing stability navigation, substance abuse treatment plans and centers , probation officers and police; judicial training in principles of forensic psychology, telepsychiatry, while incorporating AADHAAR - linked identity verification system. Anticipated outcomes are expected to reveal reduced recidivism, lower incarceration rates, mandated treatment compliance, enhanced citizen safety, and targeted management of mental health and substance use disorders, adhering to ethical considerations — associated stigma, informed consent, and a culture-sensitive implementation approach — bringing forth resolutions.

Index Terms: Problem-Solving Courts or Integrated Courts, Forensic Psychology, Recidivism, Substance Use and Mental Health, Therapeutic Jurisprudence, Restorative Justice

PROBLEM SOLVING COURTS: INTEGRATED CARE MODEL

Problem-solving courts (PSCs), known as Integrated Courts (IC), are specialized courts designed to address the underlying causes of offending behaviour through tailored interventions. Unlike traditional courts that primarily focus on punishment, PSCs follow processes guided by the theories of Therapeutic Jurisprudence and Restorative Justice.

Therapeutic Jurisprudence (TJ) suggests that legal rules, processes, and participants, such as lawyers, counsel and judges, can exert either positive (therapeutic) or negative (anti-therapeutic) consequences for participants, including offenders or victims, and community at large (*Specialized Courts Strategy Ministry of Justice*, 2016). It seeks to understand the extent to which a legal rule or practice can promote or undermine the psychological and physical well-being of the people affected by the system (Mason & Beliveau, 2014). Restorative Justice (RJ) refers to a non-adversarial approach to justice that focuses on addressing the harm, healing, accountability of offenders, and the collective involvement of the community to improve justice and health (physical, emotional, social and mental) outcomes with offenders while creating healthier and safer communities (Correctional Services Canada, 2020; Mason & Beliveau, 2014).

The philosophy of Integrated Courts (IC) believes that criminality of individuals emerges from the offending behaviour that stems from unaddressed medical, psychological and sociological needs of the individuals, leading to recurring interactions with the criminal justice system. There are currently a wide range of PSC models in Canada, including, but not limited to Domestic Violence courts, Mental Health courts, Drug Treatment Courts, Community Courts and First Nations Courts (IPC) (Slinger & Roesch, 2010).



Ministry of Justice . (2016). *Specialised Courts*.

<https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/about-bc-justice-system/justice-reform-initiatives/specialized-courts-strategy.pdf>

Problem - solving courts work on the principle that any criminal behaviour occurring in the community negatively affects the entire community. Therefore, responses to offending include community engagement, restoration and psychosocial interventions, such as drug treatment plans and skills training. A common characteristic among the court models is the presence of a collaborative team, sometimes referred to as a “triage team,” that consist of professionals such as housing representatives, case workers, probation officers, police officers, forensic services team, health care worker and crown counsel (Mason & Beliveau, 2014).

RATIONALE OF PROBLEM-SOLVING COURTS

The rationale behind the institution of PSCs was to mitigate the nature of traditional criminal justice systems that was focused on punitive reactions and incarceration to offending rather than offering measures aimed at dealing with the cause of the offending behaviour, and break the cycle of repetitive offending in offenders having mental health, homelessness, substance use and abuse concerns, which was a revolving door of recurrent crime. As a result, offenders with mental health concerns and substance use & abuse challenges are overrepresented in the criminal justice system (Olson, Lurigio & Albertson, 2001).

These courts enabled a system to effectively treat the underlying addiction, mental health concerns, homelessness by devising an integrated team including all sectors of support services in order to reduce recidivism. PSCs work on referral often involving:

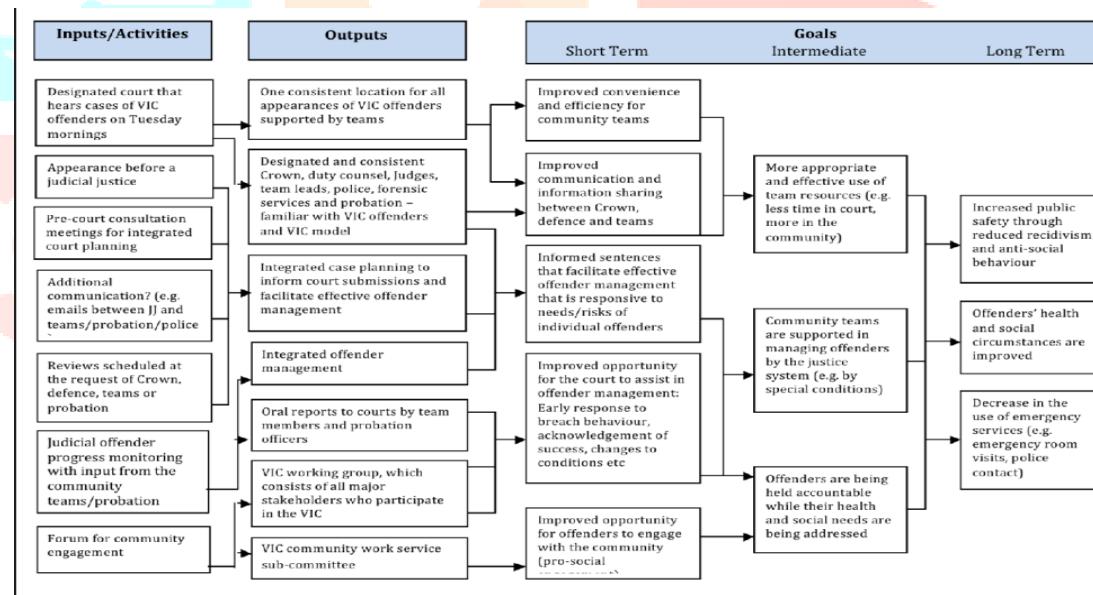
- (a) Requirements to engage with support and supervision in the community
- (b) Requirements to attend court for progress hearings where the triage team along with probation officer reports the client's progress to the judge, leading to dismissal of charges or sentence reduction following successful program completion
- (c) Mandatory Drug Testing and Mental health medications administered by forensic services team (*Kelowna Integrated Court / Provincial Court of British Columbia*, 2021; Olson et al., 2001)

GOALS OF INTEGRATED COURT

PSCs are purposefully established to mitigate the offending behaviors as well as to increase community security, accountability and responsibility. The goals of integrated courts are:

- a) Implementation of integrated care model by improving treatment access to health, mental health, addiction, social, and economic services for the offenders it deals with
- b) Improving public safety by reducing recidivism (ability to reoffend) and rehabilitation
- c) Holding offenders accountable for their actions in a timely manner (*Kelowna Integrated Court / Provincial Court of British Columbia*, 2021).

The majority of the PSCs share similar subordinate goals. However, PSCs exhibit variations in terms of managing offenders who have committed minor summary offences (e.g. theft) while others will accept both summary and indictable offences (e.g. assault); intervention points, some intervening pre plea while others followed by pleading guilty; noncompliance sanctions, some models imposing jail time while other focused on community sentencing involving frequent court appearances or treatment order revisions (Mason & Beliveau, 2014). Some Canadian drug treatment courts choose to take a different approach and often send offenders back to the regular justice system if they are found to violate the terms of 'no-drug use' treatment orders or parole conditions (curfew time, abstaining from aforementioned victims, compliance to court implied restrictions for entering locations stipulated in their sentencing order) (Slinger & Roesch, 2010).



Mason , S. (2014). *Victoria Integrated Court Model* (A.-M. Beliveau, Ed.).
https://provincialcourt.bc.ca/system/files/2024-08/Victoria%20Integrated%20Court%20-%20Mason_Beliveau.pdf

GLOBAL EVIDENCE BASE: COMPARATIVE INSIGHTS FROM THE UNITED STATES, CANADA, AUSTRALIA & NEW ZEALAND, EUROPE

Problem-solving courts (PSCs) emerged globally in the early 1990s to transform the judicial intervention system, specifically to confront the fundamental determinants of offending behavior such as SUDs, Mental Health concerns, homelessness, and socio - economic concerns, systemic inequalities and marginalisation. This literature review systematically analyses empirical literature on the efficacy of established PSCs in jurisdictions of the United States (US), Canada, Australia and New Zealand, United Kingdom (UK) and European countries with an emphasis on reduced rates of re - offending, mandated treatment compliance, improved rehabilitation, better access to support services and smooth social reintegration.

The first Drug Treatment Court (DTC) was initiated in 1989 in Miami, Dade County, Florida, due to the ongoing cocaine crisis. The traditional incarceration model failed to reduce recidivism or address the treatment of SUDs particularly due to 1) a substance use disorder that contributed to criminal behavior; 2) had cycled through the criminal justice system one or more times previously; and 3) were charged with non-violent crimes (Devall et al., 2022). As a result, the DTC was formed by a multidisciplinary team within the criminal justice system, including judges, the state attorney or crown counsel, the public defender, pre-trial services, as well as community-based support and local treatment agencies. This pioneer Drug Diversion Treatment Court followed a “carrot and stick” approach in which the defendant was given the opportunity for self-improvement and drug treatment, with the possibility of having prosecution of the charges suspended and then sealed upon successful graduation from the Drug Court program (Schwartz & Schwartz, 1998).

Miami Drug Treatment Court gave rise to more than 3,500 drug and treatment courts in every state in the union, fundamentally changing the legal system's approach to people who commit crimes as a result of substance abuse disorder and mental illness (Bureau of Justice Assistance, 2022).

5.1 United States: Empirical Evidence and Effectiveness of PSCs

A meta-analysis of 54 studies found that Drug Treatment Court is effective and has high treatment compliance rates. Participants were 25–40% less likely to recidivate than control groups in traditional courts. Program graduates demonstrated a reduction of up to 50% in reoffending (Mitchell et al., 2012). DTC produced a 14% overall reduction in recidivism. Studies of 90 adult felony drug court graduates in Midland County, Texas, over 6 years found zero new arrests among participants (Richter, 2024). Participation in mental health courts led to a significant 42.46% reduction in recidivism for individuals in MHC programs (Jalain et al., 2024). However, a five-year analysis found that 53.9% of all MHC defendants were rearrested during follow-up, with an average time to rearrest of 15 months (Ray, 2014).

5.2 Canada: Empirical Evidence and Effectiveness of Integrated Courts and PSCs

Canada saw the emergence of the first Drug Court, the Toronto Drug Treatment Court (1998), adopted from the US DTCs to deal with the opioid and cocaine crisis, offenders supported by the Centre for Addiction and Mental Health (CAMH). Building on this development, a Mental Health Court was subsequently established in Saint John, New Brunswick (Slinger & Roesch, 2010). Since then, problem-solving and integrated courts have become more common across the country, especially in Ontario and British Columbia. For example, Victoria Integrated court (VIC 2010) integrated co-morbid conditions like addiction coupled with mental illness and homelessness, while Kelowna Integrated Court (KIC 2021) seeks an integrated approach to bail and sentencing, pre-court planning, and courses, as well as health and social corrections collaboration before engaging in typical proceedings (Kelowna Integrated Court | Provincial Court of British Columbia, 2021).

Empirical evidence suggested that MHC completers have lower recidivism rates. Along with completers and those still in the program, MHC completers are significantly less likely to reoffend during the first year (25% reoffend) and second year (23% reoffend) post-program, compared to 66% of first year and 46% of second-year non-completers. Another study found that MHC participants averaged fewer days spent in jail and had fewer charges and convictions two years after program admission compared to the two years preceding program admission. MHC participants averaged 6.4 days in custody in the two years preceding program admission but only 2.8 days in custody after admission (Dunford & Haag, 2020). The Victoria Integrated Court (VIC) reported a reduction in street crimes and a decrease in contact with emergency services (EMS) and police (Mason & Beliveau, 2014).

An integral part of Canadian PSCs is the awareness of the overrepresentation of the Indigenous population in correctional facilities. As a response to this issue, PSCs use Gladue principles, which require a judge to consider all relevant historical and systemic intersectionality (colonialism, residential schools, intergenerational trauma) to determine outcomes. In addition, some integrated courts include Indigenous elders, cultural workers, and permit traditional measures, thereby increasing cultural safety and trust within communities (Mason & Beliveau, 2014).

5.3 Australia & New Zealand: Empirical Evidence and Effectiveness of PSCs

Australia and New Zealand have adopted the philosophy of therapeutic jurisprudence as part of their criminal justice systems. In Australia, drug courts emerged in 1999, initiating with the New South Wales Court (NSWC) and later expanding to Queensland, Victoria, and South Australia. Empirical evidence suggests that NSWC participants had 15% lower recidivism rates and took 22% longer to reoffend compared to those processed in conventional courts supporting incarceration (Weatherburn et al., 2020).

In New Zealand, the Auckland Alcohol and Other Drug Treatment Court (2012) incorporated culturally specific Māori practices along with judicial supervision as primary principles of the PSCs. Outcome evaluations revealed that AODT graduates experienced better relationships, improved physical and mental health, and stronger connections to employment training, while upholding their cultural and spiritual values. Over the course of two years, participants were less likely to reoffend, which improved recidivism rates, and were also less likely to have interactions with the police. However, follow-up over the subsequent year emphasized that the declining recidivism rate became less effective over time (Government of New Zealand, 2019).

5.4 United Kingdom (UK) & Europe: Empirical Evidence and Effectiveness of PSC's

In the UK, two DTCs were established, one in England and the other in Wales in the mid-2000s. However, these pilot courts led to no evaluation outcome and hence the programs were ended in early 2010. A recent development saw creation of two pilot Substance Misuse court models or Intensive Supervision Courts in 2023. Evidence suggests that 47% of drug court's drug testing and treatment orders (DTTO) were completed successfully, compared to 35% in other courts (Centre for Justice Innovation, n.d.). Over 75% of participants complied with treatment conditions, 67% tested negative for drugs, and early data indicate a 33% reduction in reoffending compared to traditional sentencing (Times Crime Commission, 2025).

Scandinavian court systems emphasize the welfare-state orientation weighing on rehabilitation and reintegration. Norway and Sweden courts incorporate these principles of incarceration via extensive probation, mental health treatment, and social services. The Netherlands initiated "addiction courts," in correspondence with social workers as part of the criminal justice procedure. Similar to Scandinavian principles, German courts focus on probation-type treatment orders with judicial control. Outcome evaluation of the UK and Europe suggest strong program connections to community welfare systems, recidivism rates match those of the US and Canadian courts. Regions with unfunded program interventions, compliance is minimal, and effectiveness is low, limited impact on recidivism is observed.

FORENSIC PSYCHOLOGY IN PROBLEM - SOLVING COURTS

Forensic psychology is defined as the scientific application of clinical specialties, principles, and methods in the field of law and the justice system (Ward, 2013). It synthesizes principles of clinical psychology and criminal justice together, encompassing research and practice of understanding of offending behavior in the legal context and expert eye witness testimony, making sentencing recommendations, risk assessment, and competency testing, providing psychotherapy to offenders, child custody evaluations, and assisting in jury selection (Cherry, 2022).

Problem-solving courts (PSCs) rely heavily on forensic psychology as part of their modalities to ensure that prospective judicial actions are clinically appropriate. As assessors and implementers of risk and treatment avenues, the involvement of forensic psychologists with the court system helps determine the best approach to engage with offenders to prevent recidivism and promote rehabilitation which include four facets: 1) Clinical aspects of treatment; 2) therapeutic jurisprudence; 3) psychological aspects of change; 4) practical application of forensic psychology within judicial processes.

6.1 Role of Forensic Psychologists: Problem Solving Courts and Clinical Aspects of Treatment

Forensic psychologists are instrumental to the PSC experience as a nexus between legal and clinical realities. Therefore, four key components rely upon their information:

6.1.1 Risk-Need-Responsivity (RNR) model of Offender Rehabilitation

The Risk-Need-Responsivity (RNR) model applies theoretical principles in the treatment of offenders within PSCs, enabling the achievement of effective intervention outcomes. The model includes three core principles:

- (a) Risk Principle: level of service requirement in correlation to the risk of reoffending
- (b) Need Principle: assessing criminogenic needs (i.e., antisocial beliefs, drug use) and targeting treatment for those needs
- (c) Responsivity Principle: enabling the offender's ability to learn for the rehabilitative intervention (i.e., reading capabilities, engagement with cultural identity) by offering different psychotherapy and treatments based on the initial psychological assessments. It includes general (cognitive social learning strategies) and special responsibility (fine-tuning) (Bonta & Andrews, 2007).

For instance, a high-risk offender intensive treatment targeting antisocial attitudes and substance use, as compared to a low-risk offender who might need short-term treatment with no exposure to high-risk offenders. Research represents that low-risk offenders are at a greater risk of reoffending when over supervised or receive treatment intervention as compared to medium or high risk criminals as opposed to effective treatment programs paired with services for moderate to high risk offenders show significant reduction in recidivism (Andrews, Bonta & Wormith, 2011; Bonta, Public Safety, 2001; Mason & Beliveau, 2014)

6.1.2 Competency to stand trial assessments

Competency evaluations or to stand to trial (fitness to stand trial) refers to the person's ability to be tried in court at the time of the trial, understand and appreciate the criminal proceeding, make and express choices from the options, and consult with an attorney with a reasonable degree of understanding (American Psychological Association, 2023). Competency evaluations are routinely exercised in criminal court; however, these examinations have greater significance in a PSC setting, with offenders exhibiting cognitive deficits and moderate to severe mental health concerns, which allow them to get a Rogers order or similar court-directed orders.

In British Columbia, a Rogers order is a court directive to comply with probation regarding mental health or addiction treatment, which includes: reporting to forensic psychiatry services for treatment and assessment, taking prescription medication, and attending mental health appointments, following substance use treatment programs. Forensic psychologists assess competency through structured clinical interviews, neuropsychological assessments, and psychiatric assessments/diagnoses so that when the evaluation recommends diversion due to incompetency, it is an assessment of due process (Heilbrun, DeMatteo, & Goldstein, 2008)

6.1.3 Treatment planning and monitoring:

Following the psychological assessment and report, treatment plans are devised by determining the needs of the offenders. Treatment options often incorporate amalgamated interventions for substance abuse treatment, psychiatric, and psychological care. PSCs utilize the services of psychologists to assess these treatment plans, which are eventually reported to the judiciary, enabling a progress hearing of the individual - a system of checks and balances that promotes accountability and responsibility of the client to work toward the goal of treating the underlying reason for criminal behavior, promoting compliance, thereby reducing recidivism. The three-way communication between the psychologist, offender, and court promotes successful compliance and reduced recidivism.

6.1.4 Expert Eye - Witness Testimony in court:

Expert Witness testimonies involve individuals with specialized knowledge who offer opinions based on their training and psychological evaluation. A forensic psychologist is formally trained in the application of clinical psychology principles in accordance with the legal system. When testifying on the stand in a PSC, it assists the judge in rationalizing the possibility of diversion, the potential for rehabilitation if a lesser sentence

is rendered for a guilty plea, or the appropriateness of granting probation instead of a longer sentence. In Canadian courts, for example, forensic psychologists and their testimonies have been sought after post-sentencing in integrated courts of those with dual diagnosis; stabilization and rehabilitation were preferred over incarceration (Mason & Beliveau, 2014).

THERAPEUTIC JURISPRUDENCE

Therapeutic jurisprudence is defined as a legal philosophy of PSCs that studies the role of law as a therapeutic agent that renders the principle therapeutic (leading to positive outcomes) or anti-therapeutic (negative outcomes for offending behaviors) outcomes (Howieson, 2023). PSCs are non-adversarial and hence lead the laws of the courtroom setting to encourage pro-social behavior within contexts that are primarily based on and foster traditional practices of punishment

In a problem-solving court, court proceedings take an informal approach, are more flexible, and less structured compared to traditional criminal courts. The role of a judge is not simply that of an agent of law and an unbiased practitioner, but rather more that of a therapeutic agent engaged directly with the offender, for instance, during hearings where there is a direct conversation between the offender and the judge, providing commendation and acknowledging achievements. When judges are perceived to be supportive, unbiased, and fair by the offenders, it is more likely that compliance with intervention treatment increases. The judicial model of integrated courts like Victoria Integrated Court or Kelowna Integrated Courts in British Columbia, Canada practice therapeutic jurisprudence through active participation of the judge in the progress hearing of the same group of individuals foreseeing the rehabilitation.

PSYCHOLOGICAL PRINCIPLES OF BEHAVIOUR CHANGE IN PSCs

PSCs employ empirically supported psychological interventions that promote longitudinal behavioral changes. The triage team, a part of the problem-solving courts, consists of community-based mental health and psychiatric support offered by a government-appointed healthcare organization. The mental health segment of the health care team constitutes different organizational substructures created that specialize in a wide spectrum of intervention skills and psychotherapies, such as cognitive behavioral and dialectical behavior therapy, relapse prevention treatments, and addressing substance abuse to target criminogenic records. PSC setting promotes the understanding of the determinants leading to offending behavior by focusing on a pro-social approach, reduced recidivism, and rehabilitation

INTEGRATION CHALLENGES AND COMPARATIVE ANALYSIS OF PSCs

Limited availability of forensic psychologists due to the presence of community and problem-solving courts in concentrated urban and rural areas and cities leads to an underserved population, leading to a lack of intervention focused on the rehabilitation of offenders. Research suggests the possibility of overdosing due to continued supervision, which might be a silent feeder to the addiction, might be prescribed high doses of medicated treatment, often not solving the core concern of addiction, leading to recidivism (Centre for Justice Innovation, 2015). Ethical concerns of coercion due to the requirements of these courts for the offender to plead guilty, reflecting accountability and responsibility in order to be admitted. The chances of coercion are minimal due to informed consent and the right to choose given to individuals to determine their own course of action. Moreover, the individual has the right to withdraw their admission from the PSCs at any time to further reduce the risk of coercion.

Resource constraints, such as a lack of expert testimony and funding for legal processes and community-based organisations, can exacerbate integration challenges. When judges are not properly supported by professionals with the expertise to assess offenders' risk levels and needs and identify the right package of interventions to support them, there are risks that they may use non-evidence-based programming (Centre for Justice Innovation, 2015). Role conflict as a result of therapeutic jurisprudence and assumptions of new responsibilities might lead to hindrances in an unbiased outlook while being a therapeutic agent. Judges, psychologists, and community-based supporters assume dual responsibilities, which creates tensions in maintaining neutrality and transferring while practicing emotional detachment (Surber, 2025).

Successful PSCs include models of various drug treatment courts and integrated courts such as the Ontario Mental Health Court and the Victoria Integrated Court. These courts, combined with judicial supervision and strong empirically supported community-based services, incorporate successful implementation of intervention skills addressing criminogenic records of offenders, leading to reduced recidivism, and are determined by compliance and rehabilitation focused on behavioral changes.

FUTURE DIRECTIONS: EXPANDING TO EMERGING CONTEXTS - THE CASE OF INDIAN JUDICIAL SYSTEM

While the evidence base of existence and efficient functioning of PSCs is strongest in North America and Australasia, emerging jurisdictions such as India illustrate how global models can inform local reform. The Indian criminal justice system experiences major overcrowding in prisons with an occupancy rate of 131.4%, followed by underutilization of open prisons (occupancy rate of 74%), which allows women, unmarried prisoners and individuals aged below 30 to transfer to open prisons (Baranwal et al., 2024). Research studies reveal a high prevalence of mental health diagnoses and substance use disorder among prisoners. According to a report generated by the National Crime Records Bureau (NCRB), 1.7% of the 5 54,000 inmates, or 9,180 individuals, suffer from mental illnesses (Kumari & Anand, 2025). 19.25% of the population was diagnosed with antisocial personality disorders, 4% prevalence of mood disorders, a higher rate of affective disorders (21% and 30% respectively), and adjustment disorders were diagnosed (13.7%) (Ayirolimeethal et al., 2014). Indian judiciary systems are exhausted with the increasing number of criminal cases reported on an everyday basis, leading to delays in terms of years to deal with the offender.

Recent development of The Mental Healthcare Act (2017) advocates for the right to treatment of the mentally ill and those identified in custody with specialized training provided to police officers to manage offenders with mental health concerns (*THE MENTAL HEALTHCARE ACT, 2017*, 2017). The presence of Juvenile Justice Boards, which include psychologists and social workers as part of the courtroom experience, shows a precedent of therapeutic inclusion in Adult Courts. Thus, legally and practically, this acts as a foothold for the implementation of such Panels.

Establishment of Metropolitan (Bombay, Ahmedabad, Chennai etc.) pilot programs in India for Problem Solving courts by leveraging existing or new support services that facilitate empirically based offender rehabilitation encompassing the Triage Team. The central principle of PSCs i.e. understanding the underlying determinants and factors associated with offending behavior commenced by formation of community based support system constituting of health care workers, mental health supports, housing stability navigation, substance use treatment plans and centers, probation officers and police; judicial training in principles of forensic psychology, telepsychiatry while incorporating AADHAAR linked identity verification system. The team would be responsible for submitting requests for psychological reports, conducting risk and psychological assessments, developing a treatment plan, systemic and consistent monitoring of the client to track the progress and identify setbacks. Anticipated outcomes are expected to reveal reduced recidivism, lower incarceration rates, mandated treatment compliance, enhanced citizen safety, and targeted management of mental health and substance use disorders, adhering to ethical considerations—associated stigma, informed consent, and culture-sensitive implementation approach—bring forth resolutions.

CONCLUSION

Problem-Solving Courts (PSCs) led to the integration of judicial authority with empirical evidence-based psychosocial interventions to address the underlying causes of offending behavior. Scientific empirical data states that the PSC model leads to a reduction in the rate of recidivism, improved mandated treatment compliance, better access to community-based resources, and enhanced rehabilitation outcomes. The role of forensic psychologists within the judicial system is not limited to conducting risk assessments, competency evaluations, providing expert testimony in the judiciary, and managing individualized treatment plans, but also to ensure that the treatment intervention leads to societal reintegration and rehabilitation, ensuring interventions are both ethical and effective. Global models, such as the Ontario Mental Health Court, Drug Treatment Courts, Victoria Integrated Court, and Kelowna Integrated Court, have been successful in supporting marginalized populations afflicted with mental health concerns, substance use disorders, and homelessness who are incarcerated. Emerging and developing countries like India have so much potential to implement PSCs through pilot programs that leverage multidisciplinary triage teams, telepsychiatry, and integrated community-based supports, thereby promoting offender accountability, public safety, and sustainable behavioral change improved occupancy rates in the prison leading to less overcrowding, effective management of criminal Justice cases revolves around petty crimes such as shoplifting and theft leading to less burdened courts highlighting the transformation of the criminal justice system in accordance to forensic and clinical psychology principles.

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34) **THE MENTAL HEALTHCARE ACT, 2017** **ARRANGEMENT OF SECTIONS**
CHAPTER I PRELIMINARY SECTIONS 1. *Short title, extent and commencement*. 2. *Definitions*.
CHAPTER II MENTAL ILLNESS AND CAPACITY TO MAKE MENTAL HEALTHCARE AND TREATMENT DECISIONS. (2017). <https://www.indiacode.nic.in/bitstream/123456789/2249/1/a2017-10.pdf>

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