



Northern Ireland
Assembly

Research and Information Service Briefing Paper

Paper 63/25

December 2024

NIAR-315-2024

Mental Health Court

Sabrina Ahmed

This briefing paper provides an overview of Mental Health Courts, their functioning, benefits, and challenges in existing jurisdictions including the United States, Canada, and Australia.

This information is provided to Members of the Legislative Assembly (MLAs) in support of their duties, and is not intended to address the specific circumstances of any particular individual. It should not be relied upon as professional legal advice, or as a substitute for it.

Key Points

- **Context:** In November 2024, PSNI reports a rising trend in mental health-related incidents, more than doubling over a decade to almost 40,000 calls in the past year. Most of these calls concern health safety and mental health related, with 3% of these calls being crime related.¹
- Northern Ireland has already looked at other problem-solving justice for drug and substance misuse; The Substance Misuse Court (SMC) was launched at Belfast Magistrates' Court in April 2018.²
- **Purpose of Mental Health Courts (MHCs):** MHCs redirect offenders with severe mental illnesses from prison to treatment, aiming to reduce recidivism and improve mental well-being, with models in the U.S., Canada, and Australia.
- **Differences from Traditional Courts:** Unlike traditional courts, MHCs focus on therapeutic jurisprudence and problem-solving justice, targeting the root causes of criminal behaviour rather than punishment.
- **Key Components of MHCs:** These include interdisciplinary teams, trauma-informed practices, early intervention, and close collaboration between justice and health services.
- **Benefits of MHCs:** MHCs potentially divert individuals from incarceration and reduce prison time and recidivism in many existing cases; studies also show MHC's cost-effectiveness, and positive impact on safety and mental wellbeing.
- **Existing jurisdictions implementing MHCs:** Countries like the USA, Canada, Australia, New Zealand, and those in Scandinavia have introduced MHCs.
- **Challenges:** Context specific challenges across the current jurisdictions include funding shortages, limited accessibility for marginalised communities, racial and ethnic disparity, possible coercion, compliance issues and concerns related to public safety.
- **Monitoring MHCs:** In all contexts, monitoring the progress and strict supervision of the participants are crucial besides compliance checks, active engagement, and sanctions for non-compliance.

There is still a lack of in-depth research and empirical data to fully assess MHC's effectiveness in all existing jurisdictions; most of its impacts and benefits are subject to context specific challenges, legal structure, monitoring and follow-up mechanism.

¹ Belfast Live, [PSNI called to over 100,000 mental health incidents in past five years.](#), (Mar 2024)

² Probation Board at Northern Ireland, [Substance Misuse Court](#), 2018

Introduction

As reported in November 2024, the PSNI is receiving an average of 107 mental health incidents daily, totalling over 100,000 hours of police time annually, worth approximately £4 million each year.³ A 2019 report by the Northern Ireland Audit Office stated that PSNI was responding to a high number of mental health-related incidents.⁴ In 2022, the PSNI reported responding to 22,281 mental health-related incidents in 2021 and 22,217 in 2022. The number of police incidents involving mental health crises has more than doubled over the past decade, increasing from approximately 9,000 in 2013 to over 22,000 in 2023.⁵ The Republic of Ireland (RoI) has been considering a formalised court diversion scheme which might include the formation of MHC in its jurisdiction. Although not an MHC, in 2006, RoI introduced the Prison Inreach and Court Liaison Service (PICLS) in its Cloverhill Prison, aiming at identifying prisoners with serious mental illness and referring them to appropriate mental health services as soon as possible.

Following a research paper on '[Mental Health and Criminal Justice System](#)' published by RaISe in September 2024, this paper presents a brief overview of Mental Health Courts (MHCs)- the differences from traditional courts, key components and how they operate in other jurisdictions. It also highlights the benefits, context-specific challenges and limitations of MHCs. After providing a successful case study from the USA, this paper concludes with a number of considerations for the Mental Health Court (MHC) in Northern Ireland.

1 Overview of Mental Health Courts

1.1 What is a Mental Health Court?

According to the UK College of Policing (UKCP)⁶, Mental Health Courts (MHCs) are designed to redirect offenders with severe mental illnesses, such as schizophrenia, major depression, and bipolar disorder, from prison to treatment programs. Sentences are customised based on individual needs, and progress is monitored by a case manager to ensure the completion of treatment. UKCP stresses that all participation in MHC should be voluntary.

³ NI Assembly, [Concurrent Committee of the Committee for Justice and the Committee for Health](#), (7 Nov 2024)

⁴ Northern Ireland Audit Office, [Mental health in the criminal justice system](#), (May 2019), p.14

⁵ Belfast Live, [PSNI called to over 100,000 mental health incidents in past five years.](#), (Mar 2024)

⁶ College of Policing, [Mental Health Courts](#), (Oct 2015)

American Psychiatric Association⁷ states that MHCs are courts designed to reduce recidivism and enhance psychiatric well-being. To participate in an MHC, individuals must meet certain legal and mental health criteria and voluntarily choose supervised treatment over traditional court proceedings. Since 1997, the number of MHCs in the USA has surged from four to over 300 by 2024 with nearly every state having a similar program.⁸

In Canada, MHCs are defined as⁹ “specific criminal law courts for persons with lived and living experience of mental health problems and illnesses or other related issues.”

In Australia¹⁰, the MHC assesses the mental state of criminal offenders, determining if they are mentally ill or intellectually disabled, and determining their suitability for trial.

While definitions of Mental Health Courts (MHCs) are generally consistent across contexts, their procedures and functions vary by country, with responses customised to context-specific problems and needs. In the USA and Canada, MHCs are also known as problem-solving courts. Problem-solving courts include the MHC, Drug Court and Veterans’ Treatment Court; this policy brief is focused on the MHC.

2 Key distinctions between traditional and Mental Health Courts

Contrary to the conventional courts that focus on retribution and punishment, MHCs are based on treatment and therapeutic jurisprudence.¹¹ Therapeutic jurisprudence focuses on the law's impact on emotional life and psychological well-being.¹²

Unlike traditional courts, MHCs follow problem-solving justice. According to the Probation Board of Northern Ireland,¹³ problem-solving courts or problem-solving justice describes a judicial or criminal justice approach to address the root causes of criminal behaviour. In January 2016, the NI Assembly Justice Committee visited problem-solving courts (including MHC and Drug Courts) in New York and

⁷ American Psychiatric Association, [Examining Mental Health Courts](#), (Feb 2021)

⁸ Justice Centre, The Council of State Governments, [Mental Health Courts](#), (2024)

⁹ Mental Health Commission of Canada, [Mental Health and the Criminal Justice System](#), (2017), p.5

¹⁰ Queensland Courts, [About the Mental Health Courts](#).

¹¹ College of Policing, [Mental Health Courts](#), (Oct 2015)

¹² Wexler, D.B., 2010. [Therapeutic jurisprudence and its application to criminal justice research and development](#). Irish Probation Journal, 7, p.2.

¹³ Irish Probation Journal, [Problem-Solving Justice and Problem-Solving Courts](#), (2018)

Glasgow. Their report suggests that these courts effectively reduced reoffending, improved public trust, and decreased incarceration rates.

The Committee report¹⁴ also highlights that problem-solving courts are based on five principles: better information, teamwork, fair procedures, responsibility, and outcome focus. Examples include community, drug, domestic abuse, mental health, veterans, and family drug and alcohol courts. It recommended establishing a pilot problem-solving court focused on addiction or mental health and expanding the listing arrangements for domestic violence cases at Londonderry Magistrates’ Court to fully embrace a problem-solving approach. However, scoping work on the pilot MHC was postponed due to the Covid-19 pandemic¹⁵ and pre-existing funding constraints; there has been no further progress up until now. Department of Justice (DoJ) is currently working on developing an Action Plan and cross-governmental strategy for “reducing offending and reoffending.”¹⁶ In addition, jointly with the Department of Health (DoH), the DoJ is considering exploring and advancing alternative problem-solving approaches to mental health issues.¹⁷

2.1 Target population and referral

Table: 1- Summary of target population and referral process in the MHCs across jurisdictions (USA, Canada, Australia, Netherlands)

Target population	Criminal offenders with mental illness such as people under the schizo spectrum, with bipolar disorder, substance and/ or drug abusers, insane, and non-violent offenders who have committed, for example, non-violent sexual crimes. The recent MHCs in the United States are also targeting offenders with felony crimes. ¹⁸
-------------------	---

¹⁴ Northern Ireland Assembly, [Report on Justice in the 21st Century: Innovative Approaches for the Criminal Justice System in Northern Ireland](#), (Mar 2016), p.12

¹⁵ Irish Legal News, [Work on NI mental health court pilot will not resume until next year at the earliest](#), (Nov, 2021)

¹⁶ DoJ, [Departmental Response to recommendations in the Northern Ireland Audit Office’s Report Reducing Adult Reoffending in Northern Ireland](#), (August, 2023), p.5

¹⁷ Ibid, p.8

¹⁸ Castellano, U., & Anderson, L. (2013). [Mental health courts in America: Promise and challenges](#). American Behavioral Scientist, 57(2), 163-173.

Who can refer	<p>Social services, law enforcement officers, jail staff, probation officers, judicial officers, other programs (e.g., drug court programs), forensic unit, pretrial services staff, prosecutors, defence attorneys, mental health and substance use treatment providers, family, friends, or defendants themselves.</p> <p>In Netherlands, despite not having a formal MHC, approximately 30% of its more serious criminal cases, a pre-trial forensic mental health report (FMHR) is requested. This is to help the court determine whether a mental disorder was present. An order for a secure psychiatric facility is applied to individuals who commit serious crimes but are found to have a mental disorder at the time of the offense. However, Forensic mental health reports can unintentionally contribute to a higher number of guilty verdicts, while not considering the type of mental disorder involved.¹⁹</p>
Clinical eligibility (Example from the USA)	<p>To be eligible for a MHC, defendants must have a qualifying diagnosis.</p> <p>Common diagnoses include:</p> <p>Schizophrenia, bipolar disorder, depression, generalised anxiety disorder, schizoaffective disorder, PTSD.²⁰</p> <p>Notably, identifying who is eligible for the MHC and who is not is not a straightforward process in any context; it depends on multiple decision points among the involved stakeholders including judges, attorneys, providers, prison staff, family members, psychiatric board, etc.²¹</p>

3 Key Components of Mental Health Courts

While mental health courts vary by jurisdiction, there are core components that distinguish these courts from traditional courts as below (based on the studies from the USA, Canada and Australia):

¹⁹ Kunst, M., & Van Doorn, J. (2022). [The effects of forensic mental health reports on decisions about guilt in the Netherlands: an experimental approach](#). International journal of law and psychiatry, 80, 101760.

²⁰ [Utilising treatment court as a behavioural health intervention](#)

²¹ Canada, K. E. & Barrenger, S. (2020). [Deciding to participate in mental health court: Exploring participant perspectives](#). International journal of law and psychiatry, 72, 101628. P. 14-26

Collaborative, Interdisciplinary team and interdisciplinary curriculum approach²² for assessing community needs and monitoring adherence to existing legal framework and court orders that include the judge, attorneys, caseworkers, treatment providers, and probation officers.

Problem-solving justice and trauma-informed approach²³ that recognises the importance of understanding trauma's effects on witnesses and having the skills to avoid causing harm, reduce re-traumatization, and support recovery.

Specialist services intervene early in the criminal justice process by identifying mentally ill persons at the post-charge, pre-sentence stage.

Dedicated docket (list of cases or appointments in the USA context) for people with mental illnesses. Collaborative efforts among justice, health, and community partners are essential in promoting alternative sentencing and similar diversion strategies.

Intensive and highly monitored treatment as a condition of program participation.

Timely advice to courts and collaboration with treatment providers.

4 Benefits of Mental Health Courts

Notably, MHCs significantly vary by jurisdiction, target population, referral process, availability of treatment and services, appeal arrangements, and the use of incentives and sanctions. These differences are tailored to address the specific needs of each country's communities. Therefore, the advantages of MHCs are not universal and the assessment needs in-depth empirical research and critical and consistent monitoring. Some of its context-specific benefits include but are not limited to:

²² Bureau of Justice Assistance, US DoJ, [Developing a Mental Health Court: An Interdisciplinary Curriculum](#), (2015)

²³ NHS Education for Scotland, [Trauma informed Justice](#), (may 2023)

4.1 Diverting individuals from incarceration, reducing recidivism

- An academic review based on an exhaustive literature search in 2019 evaluated the MHCs in Canada and the United States; showing reduced criminal recidivism among the MHC participants in both countries compared to the traditional court.²⁴ For example, in the District of Columbia, the recidivism rate for the MHC participants was 27%, compared to 38% for the traditional court participants.
- Another 2021 evaluation conducted in the USA finds that “MHC participation corresponds to a 74% decrease in recidivism.”²⁵
- Minimises social costs associated with crime, such as property crimes, policing, prosecution, and incarceration expenses.
- Reduces criminalisation of offenders with mental ill health by leading to reduced days incarcerated.
- Successful completion of the mental health court program was associated with a reduction of violence among the graduates. In the U.S., an analysis found that after over a year in an MHC program, participants were significantly less likely to face new charges compared to those receiving standard treatment. At 18 months, MHC participants had a 26% lower risk of any new charges and a 55% lower risk of new violent charges.²⁶

4.2 Cost-effectiveness

Canadian evaluations indicate that the savings generated by these programs significantly exceed their funding costs. An evaluation report in 2019 on the Calgary Drug Treatment Court program found the below²⁷:

- Savings of over \$76 million in the cost of stolen goods over a period of 4 years.
- Avoidance of \$7.4 million in the cost of incarceration for the average 1 year in custody graduates did not serve because of completing the program.
- Avoidance of over \$300,000 in police response costs for 45 program graduates, at an average of 2.3 years following graduation
- Avoidance of over \$300,000 in the cost of services involved in delivering the warrant/incarceration cycle

²⁴ Dunford, D., & Haag, A. (2020). [A Review on the effectiveness of Canadian and American mental health courts](#). International Journal of Risk and Recovery, 3(2), 28-42.

²⁵ Fox, B., Miley, L. N., Kortright, K. E., & Wetsman, R. J. (2021). [Assessing the effect of mental health courts on adult and juvenile recidivism: A meta-analysis](#). American journal of criminal justice, 46(4), p. 644.

²⁶ McNeil, D. E., & Binder, R. L. (2007). [Effectiveness of a mental health court in reducing criminal recidivism and violence](#). American Journal of Psychiatry, 164(9), 1395-1403.

²⁷ Calgary Drug Treatment Court, [2019 Evaluation Report](#), (Jul 2020), p.27

In the USA,

- A mental health court in Pennsylvania saved approximately \$3.5 million over a period of two years ending in 2007. This saving was based on the reduced prison time and how much taxpayers' money it saved in 2 years.²⁸
- In 2015, the MHC participants incurred substantial cost savings; total combined cost savings in the 12-month post-MHC period was \$1,417,740.²⁹
- Those receiving the intervention incurred fewer costs in the outcome period than those in the comparison group; per-person, outcome costs range from \$17,113 to \$39,978.

4.3 Improved safety and mental wellbeing

Both in the USA and Australia, study shows that participation in the MHC improved the mental wellbeing of the participants as well as their communities.³⁰

5 Monitoring the progress and the functions of the MHCs

In the United States context, monitoring MHCs include³¹:

Monitoring Progress: Progress towards treatment goals is tracked through regular status hearings, continuing until participants meet the court's requirements for program completion.

Supervision: Many MHCs use a supervision model in which mental health professionals monitor treatment compliance and report progress directly to the court.

Three types of supervision are identified in the USA: (1) supervision by community mental health providers with periodic reporting to the MHC (2) regular supervision by dedicated MHC staff or probation officers and (3) joint supervision by criminal justice staff and mental health workers. In 2018, the Probation Board for Northern Ireland reported that judicial monitoring is a defining feature of problem-solving and MHCs, highlighting offender accountability.³²

²⁸ Psychiatric Time, [Mental Health Courts Reduce Incarceration, Save Money](#). July 2007.

²⁹ Kubiak, S., Roddy, J., Comartin, E., & Tillander, E. (2015). [Cost analysis of long-term outcomes of an urban mental health court](#). *Evaluation and program planning*, 52, 96-106.

³⁰ [The international framework for court excellence and therapeutic jurisprudence: Creating excellent courts and enhancing wellbeing](#). (2016)

³¹ Ibid, p.76-78

³² Irish Probation Journal, [Problem-Solving Justice and Problem-Solving Courts](#), (2018), p.151

Achieving the above requires strict compliance checks, active engagement, and clear consequences or sanctions for non-compliance.

6 Context-specific challenges and concerns to address before introducing MHC

Challenges to introducing and implementing MHCs vary by jurisdiction, population, economic and political background as well.

Funding: A primary challenge reported by all surveyed Mental Health Courts in Canada was the lack of dedicated funding, resources, and available psychiatrists.³³

Limited availability and accessibility of MHCs: In the Canadian context it is argued that if there is a lack of a comprehensive plan in relation to the MHC, certain communities and individuals might have limited access to the service.

Racial and ethnic disparity: A 2018 study based on the MacArthur MHC Project in the USA suggests that there can be multiple points of racial and ethnic disparities in the MHC referral process.³⁴ Research shows that minorities, compared to Caucasians, are less likely to seek or benefit from mental health and substance use treatment.

Coercion: Although in most of the legislations MHC participation should be voluntary and with informed consent, there are some incidents of coercion in the USA³⁵; several individuals reported that they became aware of the referral after their primary hearing.

Compliance Issues: In the USA, if a participant is continually non-compliant and fails to meet the prescribed treatment, the treatment team expels them from the MHC process. A 2003 survey of 20 mental health courts revealed that 64% of participants used jail time as a sanction, 36% adjusted treatment services, 27% used reprimands, increased court appearances, and “judicial persuasion.”³⁶

Public safety: Mental health providers may resist taking referrals, particularly for “high-risk” clients, as they often feel public safety expectations conflict with its primary mission. In the USA, although some mental health services may exist in

³³ Human Services & Justice Coordination Committee, [MHCs in Ontario](#), (Oct 2017), p.17

³⁴ Han, W., & Redlich, A. (2018). [Racial/ethnic disparities in community behavioral health service usage](#), *Criminal Justice and Behavior*, 45(2), 173-194.

³⁵ MacArthur Foundation, [Mental Health Court: a Guide to Research Informed Policy and Practice](#), (2009), p.17-18

³⁶ MacArthur Foundation, [Mental Health Court: a Guide to Research Informed Policy and Practice](#), (2009), p.17

the community, not all agencies or programs are willing to accept court-referred clients.³⁷ Similarly in Canada, the Crowns stressed the importance of risk assessment tools for addressing public safety concerns regarding the MHC. While the health and treatment teams focus on the participant's needs, the legal team is required to assess public safety constantly.

6.1 Limitations of Mental Health Courts (MHC)s

Although well-intentioned, MHC might fail to achieve its objectives in some contexts. While there is not a single clear example of a failed Mental Health Court, there is evidence of its limitations that can provide valuable lessons for future models:

- In the United States (Hall County Courthouse), several offenders with mental ill-health feel coerced to complete the MHC programme and are scared of going back to prison if they fail to meet the strict requirements of the diversion programme.³⁸
- The MHC diversion programmes are also costly, resource-intensive, and reach less than 1% of the over 2 million people with serious mental illness booked into U.S. jails annually.
- The MHCs in New York face challenges such as limited funding for planning, operations, training, and technical assistance; an absence of research-based standards; and a lack of extensive research on their effectiveness.³⁹

7 International legal framework(s) of MHCs

Principle 20 of UN OHCHR: This guarantees the best care for detained individuals, no matter their legal status. Similarly, Principle 1 asserts everyone's right to quality and compassionate mental health treatment.⁴⁰

³⁷ Bureau of Justic Assistance, [Developing a MHC: an Interdisciplinary Curriculum](#), (2015), p.54

³⁸ [Well-intentioned mental health courts can struggle to live up to their goals](#), (Dec 2023)

³⁹ New York State/ New York City Mental Health Criminal Justice Panel, [Report and Recommendations](#), (Jun 2008)

⁴⁰ UN OHCHR, [Principles for the protection of persons with mental illness and the improvement of mental health care](#).

Article 13 of the UN Convention on the Rights of Persons with Disabilities 2007: States Parties shall ensure equal access to justice for persons with disabilities. This includes providing procedural and age-appropriate accommodations.⁴¹

Rules 5, 25, 31, 32, 33, 39, 76, 92: of the United Nations Standard Minimum Rules for the Treatment of Prisoners by the UN Office on Drugs and Crimes (UNODC) particularly discuss the special attention, duty and care needed for the mentally ill prisoners, their mental capacity, deteriorating mental health due to long term prison time as well as appropriate training for the prison staff for dealing with the prisoners with mental illness.⁴²

8 Case study: United States Mental Health Court

MHCs offer alternatives to traditional prosecution and redirect individuals with mental illnesses into care services. In applying the law therapeutically, MHCs focus on rehabilitation rather than punishment. The New England Journal of Medicine has recently (October 2024) published a short documentary on “[Justice disorder- mental health and incarceration in the United States](#).”⁴³ It shows the complex dynamics of how incarceration impacts individuals’ mental health. It also highlights that mentally ill individuals are at high risk when placed in a regular prison with other offenders. It underscores the need for more investment in diversion programs and mental health services for incarcerated or at-risk individuals. The participants’ experiences prove how mental health courts have transformed their lives through therapeutic justice.

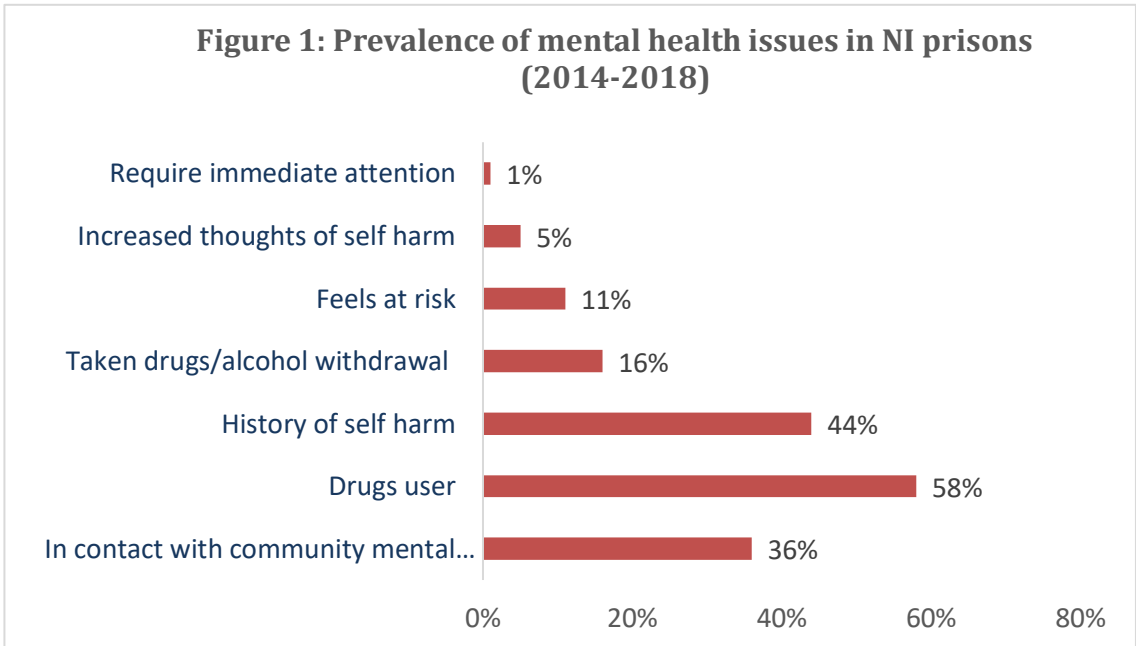
⁴¹ UN, [Convention on the Rights of Persons with Disabilities \(CRPD\)](#)

⁴² UNODC, [The United Nations Standard Minimum Rules for the Treatment of Prisoners](#)

⁴³ The New England Journal of Medicine, [Justice Disorder — Mental Health and Incarceration in the United States](#), (Oct 2024)

9 Considerations for Northern Ireland

According to the NISRA report published in October 2024, the overall average daily prison population in Northern Ireland increased by 11% during 2023/24, reaching 1,877.⁴⁴ The male prison population increased from 1,607 to 1,787 while the female population increased from 78 to 90. In 2020, the NI Regulation and Quality Improvement Authority (RQIA) review found a "significant lack of psychological support" for inmates with personality disorders and trauma.⁴⁵ It also reported 18 suicides and 5,217 self-harm incidents in prisons from 2012 to 2019. As reported by the NI Audit Office in 2019,⁴⁶ currently, there is no formal system in place to coordinate a joint response to mental health and wider problem-solving Justice issues.



Source: [Northern Ireland Audit Office](#)

Although not for adults, a pilot project for youth justice jointly run by Child and Adolescent Mental Health Services (CAMHS) and the Youth Justice Agency (YJA) in Northern Ireland has shown improved outcomes.⁴⁷ It received positive feedback from young people in contact with the justice system and their families. The pilot has enhanced access to mental health services, aiding in the reduction of reoffending. Co-

⁴⁴ NISRA, [The Northern Ireland Prison Population 2023/24](#), (Oct 2024), p.6

⁴⁵ The Regulation and Quality Improvement Authority, [Review of Services for Vulnerable Persons Detained in NI Prisons](#), (Oct 2021)

⁴⁶ NI Audit Office, [Mental Health and Criminal Justice System](#), (2019), para: 4.15

⁴⁷ Royal College of Nursing, [An overview of the development and implementation of the CAMHS Youth Justice Service to reduce barriers to access mental health services](#), Jul 2024

funded by Southern Health and Social Care Trust (SHSCT) and YJA since 2020, its success has prompted discussions about expanding the initiative across Northern Ireland.⁴⁸ In March 2022, the Department of Justice published its [Strategic Framework for Youth Justice \(2022-2027\)](#), which has the potential to reduce the number of youths and children referred to the criminal justice system, often with mental illness.

The Criminal Justice Board addresses cross-cutting justice issues, such as leading efforts to tackle avoidable delays within the justice system. The prosecution delay and legal backlog in NI is currently a major concern, that requires “an extra £7 million a year”- stated the Head of Public Prosecution Service (PPS) in April 2024.⁴⁹ Earlier this year, during a Justice Committee meeting, the Head of PPS also stressed the importance of coordination between several departments such as Justice, Health, Education and others to deal with offenders with mental illness and individuals who are on drugs.⁵⁰

It is therefore evident that responding to incidents related to mental health causes an extra burden on this already exhausted legal system in Northern Ireland. When offenders with mental ill health come into contact with the criminal justice system, they might have complex needs. Very often, their needs are not properly addressed while the justice system is struggling with other criminal offenders at the same time. offenders. In a post-conflict context such as Northern Ireland, paramilitarism still exists which causes trauma while negatively impacting the mental health of individuals.⁵¹ Collaboration and problem-solving approaches among the PSNI, prison system, court service, health, and other service providers can strengthen the criminal justice system's ability to support offenders with mental illness in Northern Ireland.

39% of the population in Northern Ireland has reported experiencing a traumatic event relating to the Troubles (Department of Health, 2021)

⁴⁸ Dept of Health, [Mental Health Strategy 2021-2031](#), (Jun 2021), p.47

⁴⁹ BBC News, [NI legal backlog: Call for funding over 'unacceptable' delays](#), (Apr 2024)

⁵⁰ Committee of Justice, [Official Report: Minute of Evidence](#), (13 Jun 2024)

⁵¹ Northern Ireland Affairs Committee, [The effect of paramilitary activity and organised crime on society in Northern Ireland](#), (Jan 2024), p. 17