The relationship between intellectual disability, mental illness and socioeconomic factors amongst defendants appearing before NSW Local Courts

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Primary aims

- To investigate the prevalence of intellectual disability (ID) and/or cognitive impairment (CI) in a sample of accused persons appearing before NSW Local (Magistrates) Courts
- To determine the percentage with a dual diagnosis of ID/CI, and accompanying psychiatric disorder and substance abuse problems

Acknowledgements

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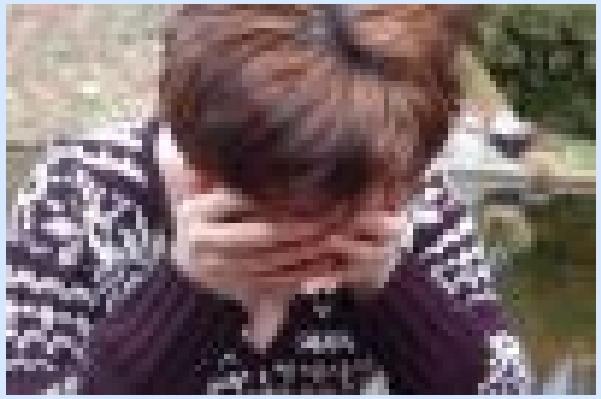
The Project

- Four Magistrates Courts – participants on bail or in cells
- No previous stringent, comprehensive research of dual diagnosis
- Justice Health court liaison nurses assisted the research
- Nurses presently screen the mental health of accused persons, but no formal screening for ID
- Previous research showed high levels of ID in Magistrates Courts (Hayes 1993, 1996, 1997)

A dearth of information about

- The mental health characteristics of this cohort
- Their service provisions needs in the community
- The legal/public health mechanisms necessary to ensure linkage between the two

People with intellectual disability:



Markedly increased risk of

- mental health problems
- challenging behaviour
- suicide or suicidal ideation and attempts
- self-harming behaviour

These factors have not been researched thoroughly

- Yet admission to secure services is linked to D&A abuse and previous suicide attempts

Some diversion programs for ID exist -

- Western Australian Intellectual Disability Diversion Program
- South Australian Magistrates Court Diversion Program

BUT there are limitations:

- The defendant has to be identified as having an intellectual disability
- To enter some programs the defendant must be prepared to plead guilty although
  - maybe they are not guilty, and
  - they may not have the capacity to plead guilty
- Services for defendants with ID may not be able to manage those with a dual diagnosis of MI or substance abuse

Lack of identification of the accused person with ID/CI means

- Accused PWID miss out on options for diversion from the CJS and the prison system
- They are unable to access legal safeguards
- They fail to receive appropriate community services

Participants and methodology

- **250 participants** - 224 out of custody and 26 in custody
- Self-selected from all accused persons appearing on research days
- 4 Local Courts in Greater Sydney

Instruments included:

- Hayes Ability Screening Index (HASI)
- Interview
- Sub-group of 60 - 34 out of custody and 26 in custody –
  - Kaufman Brief Intelligence Test, Second Edition (KBIT-II) (N=60)
  - Vineland Adaptive Behavior Scales, Second Edition (VABS-II) (N=57)
  - Psychiatric Assessment Schedule for Adults with Developmental Disabilities Checklist (PAS-ADD) (N= 58)

Prevalence of ID and mental illness (N=60)

- Mean IQ score = 84.5
- Mean VABS score = 91.5 - significantly higher than IQ score ($p<.00$, $df=59$)
- IQ <80 – 30%
- VABS score <80 - 21%
- Psychiatric disorder on PAS-ADD - 37.9%
- Self-reported current mental illness - 33.6%

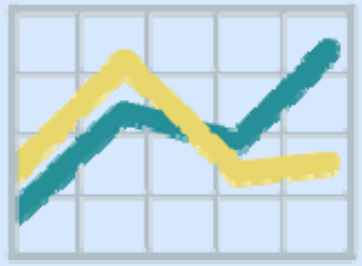
Over-representation for SS<70 -

- KBIT-II – 10%
- VABS–II – 12%

Compared with general population prevalence of 1-3%

- HASI significantly correlated with other tests
- KBIT-II (r= .55, p<.00)
- VABS (r= .56, p<.00)

- Therefore the HASI cut-off score was used for some analyses



Using the HASI cut-off score

- 18.4% of the total sample were below cut-off, would be referred for further assessment – the "referral group"
- Referral group significantly more likely to report **current mental illness** than non-referral group (47.8% cf. 30.4%; Chi-square significant at p<.02)
- Referral group more likely to be diagnosed with **affective/neurotic disorder on PAS-ADD (32.8%)** (Chi-square significant at p<.05)

Mental disorders -

- None of the participants reported a current diagnosis of intellectual disability

- Self-report – full sample
  - Depression N=54 - **21.6%**
  - Anxiety N=24 - **9.6%**
  - Substance abuse disorder N=21 - **8.4%**

- Current diagnosis of substance abuse disorder -8.4% of the total sample
- Current use of illicit substances - 16%
- No differences on these areas were found between HASI referral/non-referral groups, or groups <70/70+ on IQ or adaptive behaviour
- No differences for Methadone program; problematic alcohol intake, or drug-related offences

Implications?

- Accused persons with ID are abusing drugs and alcohol at the same rate as their non-disabled peers
- Important issue – do they have access to appropriate substance abuse programs?

Drug use related to custody -

- 65.4% of substance abusers were in custody
- 78.7% of non-abusers were NOT in custody (Chi-square significant at p <.00, df=1).

Drug/alcohol abuse related to mental health problem -

PAS-ADD –

- 63.6% of the substance abusing group had a mental health diagnosis
- Compared with 36.4% of non-abusers

(Chi-square significant at p<.00)

Prior contact with community mental health services -

- No differences between IQ <70 or IQ 70+ groups
- BUT, **adaptive behaviour** standard score of <70 - significantly more likely to have had contact with services (**71.4% cf. 20%;** Chi square significant at p <.01).
- Similar for the adaptive behaviour in **HASI referral group** (**34.8% cf 13.2%;** Chi square significant at p <.01).
- Suggesting that poor adaptive behaviour is related to contact with mental health services

HASI referral group -

- More likely to be prescribed medication (**28.3% cf 15.7%,** Chi-square significant at p<.04)
- Medication for anxiety was most frequently prescribed
- Consistent with PAS-ADD high levels of affective/neurotic disorder
- But only **45.2%** of those reporting mental disorder had contact with community mental health team

Differences between the four courts:

- prevalence of IQ score of <80 ranging from **1.7%** (of the total sample) in two courts, to **18.3%** in one court
- similar range for adaptive behaviour scores
- prevalence rates for ID may be partly related to the location of the court
- and in turn related to the socio-economic conditions prevailing in the local area

This may help explain some differences found between jurisdictions

Local court area relates to rate of mental illness:

Decile for Socio-Economic Indexes for Areas (SEIFA) related to proportion of defendants with mental illness*

- Decile 4 – 44.1%
- Decile 5 – 39.0%
- Decile 7 – 19.6%
- Decile 10 – 24.1%
  - (Chi-square significant at p<.01, df=3)
  - *Lowest SEIFA is 1, highest is 10

Court decile	Within <70 IQ	Within <70 Adaptive beh. **	Within HASI referral grp*
4	50.0%	100%	43.5%
5	33.3%	0	30.4%
7	0	0	17.4%
10	16.7%	0	8.7%

*P <.05 ** P<.01 - although bigger sample needed, because of cells with zero count

Court decile	Commun-ication <70	DLS <70	Socialization <70
4	80%	100.0%	50.0%
5	0	0	0
7	10.0%	0	50.0%
10	10.0%	0	0

Bigger sample needed – 6 cells with zero

Court decile	In custody**	Self-reported MI**	Either drug or alc prob**	Both Drug/alc prob*
4	50.0%	35.7%	31.0%	63.6%
5	34.6%	38.1%	43.1%	27.3%
7	15.4%	15.5%	20.7%	9.1%
10	0	10.7%	5.2%	0

*P <.05 ** P<.01 – but 2 cells with zero

Court decile	Past self-harm*	Depression*	Disability Support Pension#
4	46.7%	32.4%	50.0%
5	20.0%	22.0%	25.0%
7	26.7%	13.0%	16.7%
10	6.7%	15.2%	8.3%

*P <.05 #Approaching significance

No inter-court differences for:

- Rates of Indigenous defendants
- Employment status
- Current or previous Rx for psych problem
- Family history of MH problem
- History of contact with community mental health service
- Past suicide attempt or current thoughts
- Special school/class attendance
- English as first language

Charges -

- Referral group less likely to have traffic offences
- More likely to have a previous conviction for malicious damage, and current AVO against them
- BUT no other major differences in offence type
- So the 2 groups are similar

Mental disorder in referral group -

- As mentioned, more likely to have had contact with community mental health services (**34.8**% cf. **13.2**%; p<.001)
- More likely to report current mental illness (**47.8**% cf. **30.4**%; p<.02)
- More likely to be taking Rx for depression or anxiety (**28.3**% cf **15.7**%; p<.04)
- But only **45.2**% of those reporting mental disorder had contact with community mental health team.

Indigenous Australians – 10% of sample - No differences in:

- Prevalence of ATSI in referral or non-referral group
- KBIT-II or VABS-II scores of <80 or 80+
- Rates in custody or on bail
- Court SEIFA
- BUT more likely to report a current mental illness (**56.5**% cf. **31.3**%; p<.01)

Age related differences:

Age category	Current mental illness**	Depress-ion**	Binge drinking**	Illicit drugs*
18-22	16.1%	9.7%	46.8%	16.1%
23-27	32.6%	10.9%	47.8%	30.4%
28-32	37.8%	32.5%	22.5%	12.5%
33+	43.1%	29.4%	18.6%	10.8%

**P<.01 P<.05

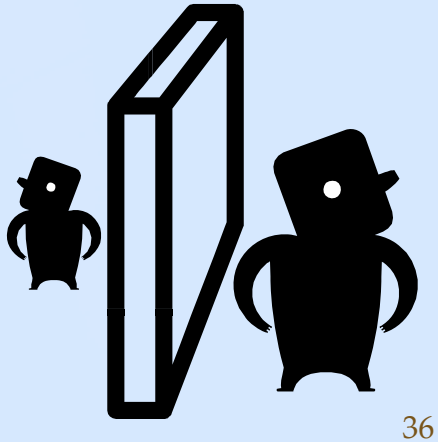
Discriminant analysis showed factors contributing to being in custody were:

- Low HASI score
- Higher number of offences
- Younger age

Conclusions and implications:

- High rates of mental illness within the total court sample, and low IQ and HASI referral groups - consistent with a substantial body of research
- PWID appear more vulnerable to stress/anxiety and use less effective coping → contributes to mental illness, challenging behaviour, incl. offending

- Separation between mental health and intellectual disability services may contribute to lack of coordination
- Challenging behaviour can be seen as an aspect of ID, not symptom of mental disorder



Age related differences for mental health and drug problems:

- Mental illness appears to be more entrenched for older defendants
- Whereas substance abuse occurs more in younger age groups
- Therefore, age of defendant needs to be considered when assessing and treating these problems

Summarising the data for defendants appearing before Magistrates Courts –

- One in five needs a full assessment for ID/MI
- Nearly half of low functioning individuals have mental illness diagnosis
- Fewer than half of those had contact with community mental health services
- More indigenous Australians report mental illness diagnosis

Given the similarities, should the ID group be treated differently?

- Similar pattern of offences
- Similar pattern of mental illness and substance abuse for <70 and 70+ groups (although not the HASI referral and non-referral groups)
- Similar unemployment and marital status
- Previous research shows similar patterns of family dysfunction, poverty, lack of education

The case for differential treatment for defendants with ID and MI -

- Tailored programs similar to special school or vocational education can be offered
- Appropriate programs → increased chance of rehabilitation
- Plan for more intensive and longer programs
- Protection from exploitation/violence
- Expertise in area of ID among relevant professionals

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