

### The evidence from Magistrates Courts – The prevalence of accused persons with intellectual and cognitive disabilities

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### The Project

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

2

### A dearth of information about

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




3

### People with intellectual disability

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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

4

### Some diversion programs exist

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

5

### BUT limited because:

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

6

## Method

Accused persons appearing before four Magistrates courts volunteered to participate:

- Kaufman Brief Intelligence Test-II (K-BIT II)
- Vineland Adaptive Behavior Scales-II (VABS-II)
- Hayes Ability Screening Index (HASI)
- Psychiatric Assessment Schedule for Adults with Developmental Disabilities Checklist (PAS-ADD)
- Interview covering background information

7

## Results

- 250 accused persons (217 males and 33 females) were interviewed and did HASI
- 224 out of custody, 26 in cells
- 60 accused persons (53 males, 7 females) completed the KBIT-II
- 57 completed the VABS-II
- 58 answered the PAS-ADD

8

## Prevalence of ID and mental illness

- Mean IQ score = **84.5**
- Mean VABS score = **91.5** - sig. 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%**

9

## Over-representation for SS<70

- KBIT-II – **10%**
- VABS-II – **12%**

Compared with general population prevalence of 1-3%

10

## 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

11

## 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%**
- PAS-ADD category of affective/neurotic disorder N= 19 - **32.8%**

12

### Differences between ID and non-ID participants

- No significant differences between the ID and non-ID groups for prevalence of diagnoses of mental illness, or drug abuse
- Those with ID cut-off score of less than 70 - less likely to report current alcohol use ( $p < .01$ ,  $df=1$ )



13

### Using the HASI cut-off score

- HASI correlated significantly ( $p < .01$ ) with
- KBIT-II verbal score, nonverbal score and total score
  - VABS-II communication, daily living skills, socialization and total score

14

### Cross tabulations of HASI and KBIT-II and VABS-II

- Significant at  $p < .00$
- HASI correctly categorising most who fell into ID or non-ID groups
- ROC curve analyses not done because group sizes too small

15

### HASI used as an indicator of likely ID:

- Allowed larger group sizes



16

### Referral and non-referral groups

- 18.4% had HASI score indicating referral for full assessment
- This group significantly more likely to have:
  - Special school attendance
  - Been in special class
  - Received Disability Support Pension

17

### Charges -

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



### Mental disorder in referral group -

- 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.

19

### Indigenous Australians – 10% of sample -

- No differences in referral or non-referral group
- No differences in KBIT-II or VABS-II scores of <80 or 80+
- No difference in rates in custody or on bail
- BUT more likely to report a current mental illness (**56.5%** cf. **31.3%**;  $p < .01$ )

20

### Discriminant analysis showed factors contributing to being in custody were:

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



21

### Implications for accused person 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

22

### 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 (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



23

### The case for differential treatment for accused persons with ID and MI, compared with non-ID accuseds -

- Tailored programs similar to special school or vocational education
- Increased chance of rehabilitation as a result of appropriate programs
- Need for more intensive and longer programs has been identified (e.g. Lindsay's work with ID sex offenders)
- Protection from exploitation/violence
- Expertise in area of ID among relevant professionals

24

Are we there yet?



25



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