Psychiatry

A STUDY OF CIVIL COURT REFERRALS AT A TERTIARY REFERRAL HOSPITAL

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ABSTRACT

Background: This study is the first of its kind done on a specific population of a civil court referrals (CCRs) referred to a tertiary referral hospital in the Indian setting.

Materials & Method: The study evaluated 60 (CCRs) referred to a tertiary referral hospital using the ICD-10 Research diagnostic criteria, Kuppuswamy's socioeconomic scale and the MINI-plus interview.

Results: There were total 60 civil CCRs.

Conclusions: Divorce- sub-group: (86.66%) did not have psychiatric disorders. Miscellaneous- sub –group: 27 (90%) had psychiatric disorders and were advised long- term psychiatric treatment. Elder- sub- group - 9(60%) of them were unfit for testamentary capacity.

Implications: These findings have important implications for providing proper consultation liaison services for CCRs in the Indian setting.

KEYWORDS :

INTRODUCTION:
Forensic evaluation of psychiatric patients is an essential part of psychiatric practice.

The civil court may order a psychiatric evaluation of a civil court referral (CCR) to appoint a guardian. CCRs for testamentary capacity, marital disputes and divorce on grounds of psychiatric illness and disability compensation are also common.[1]

At present there are no recent studies regarding the evaluation of (CCRs) to psychiatry departments of tertiary referral hospitals in the Indian setting. This study will examine the socio-demographic data, reasons of referral, psychiatric diagnostic categories, outcome and associations if any regarding (CCRs) sent for psychiatric evaluation to a tertiary referral hospital.

This will help to provide proper consultation-liasion services for CCRs in the Indian setting.

AIM:
To study civil court referrals (CCRs) sent to the department of psychiatry of a tertiary referral hospital

OBJECTIVES:
1) To study the socio-demographic profile of (CCRs)
2) To study the psychiatric diagnostic categories of (CCRs)
3) To study the reason for the referral
4) To study the final outcome of the referral
5) To study the associations if any between the socio-demographic profile, psychiatric diagnostic categories, reason for referral and the outcome of the referral

MATERIAL & METHODS
Study Design
The study was conducted at a tertiary referral hospital. The Institutional Ethical Committee's permission was obtained prior to commencement of the study

Type of study: Descriptive
Sampling Unit: All CCRs referred to the Psychiatry Department of a tertiary referral hospital.
Sample size: 60 CCRs
Definition of Court Referral: A civil court referral (CCR) was defined as a civil case referred for psychiatric evaluation from the court.

Inclusion criteria –
1. Both male and female CCRs
2. CCRs who gave consent to participate in the study

Exclusion criteria –

1. CCRs having serious medical illness requiring urgent referral
2. CCRs without proper medical and legal records
3. CCRs from the Standing Medical Board of tertiary Hospital
4. Criminal court referrals
5. Child court referrals (age< 18 years)

Tools:
1) ICD-10 Diagnostic Criteria for Research) [2]
2) Kuppuswamy's socio-economic scale (revised 2011) [3]
3) MINI plus (4)

Methodology
The study was conducted on 60 CCRs referred to the department of psychiatry of a tertiary referral hospital. The study protocol was approved by the Institutional Ethics Committee. The CCRs were selected after they fulfilled the inclusion and exclusion criteria. They were given information about the nature of the study and if they were willing then the consent of the CCRs and relative was taken. The consent was recorded in the mother tongue of the CCR. The CCR's history was recorded, records were scrutinized and their mental status examination was done. The Kuppuswamy's socio-economic scale(3) and the MINI Plus(4) were administered to the CCRs. The diagnostic categorization of the CCRs was done according to ICD-10 research criteria.(2) The results obtained were tabulated and statistical analysis was done.

RESULTS
Divorce sub-group
Socioeconomic data
The age range was between 22-41 years and the average age was 28.8 yrs. 3 (20%) males and 12 (80%) were females 8(53.33%) were from urban and 7 (46.66 %) were from rural areas 2 (13.33 %) were from upper class and 13 (86.66%) were from the middle class. (Table 1)

Reason for referral
They were referred for psychiatric evaluation according to the marital petition of the spouse which was mainly for divorce/annulment of the marriage. (Table 1)

Diagnostic categories
1(6.66%) had Paranoid schizophrenia and 1(6.66 %) had Dissociative disorder. 13(86.66%) had no active psychopathology.

Outcome
They were sent to the respective court for further necessary action after psychiatric evaluation.

Miscellaneous sub-group
Socioeconomic data
The age range was 17- 66 years and the average age was 30.3 years.6 (20%) were females and 24 (80%) were males. 20 (66.66%) were

single or separated and 10 (33.33%) were married. All were semiskilled or unskilled laborers. (5 %) were uneducated, (23%) had taken formal education between the 1st to 10th standard, and 2(6.66%) had completed their 12th standard education. (Table 1)

Reason for referral
They were sent for psychiatric assessment and for a reception order for admission to a Long stay Hospital. (Table 1)

Diagnostic categories
4 (13.33%) were diagnosed as schizophrenia undifferentiated, 4 (13.33%) psychosis NOS, 10 (33.33%) schizophrenia paranoid, 6 (20%) were bipolar affective disorder and 3 (10%) as substance induced psychotic disorder and 3(10%) mild mental retardation with behavioral disturbances.

Outcome
27 (90%) referrals were advised admission at a Long stay Hospital. 10(30%) were treated and referred back to the home setting.

Elder sub-group
Socioeconomic data
The age range was 55- 83 years. The average age was 68 yrs 2(13.33%) for females and 13(86.66%) for males. (5%) widower/widow and 10 married. (6 %) were graduate (2%) post graduate, (3%) had completed education up to 12th standard and (4%) were had education below 10th standard. (6%) were from upper class and (9%) from the middle class. (Table 1)

Reason for referral
They were sent for the testamentary capacity assessment. 40% were found fit and 60 % were unfit to make a will. (Table 1)

Diagnostic categories
6 (40%) were found to have no active psychopathology, 2 (13.33%) had Alzheimer's dementia, 1(6.66%) Parkinson's dementia, 3 (20%), Vascular dementia and 3 (20%) had Paranoid Schizophrenia.

Outcome: All were sent back to the court with a report regarding their testamentary capacity.

CCRs - Associations
Divorce sub- group: There was a statistical significant association between gender and reason for referrals ($X2= 5.4$, $P < 0.05$), occupational status and reason for referrals, ($X2 =4.26$, $P < 0.05$) and diagnostic categories (no active psychopathology) and reason for referrals. ($X2 =11.26$, $P < 0.05$)

Elder sub-group: There was a statistical significant association between gender and reason for referrals. ($X2=8.067$, $P < 0.05$)

Table -1

Civil Court referrals (CCRs)	Gender distribution		Location		Reason for referral
	No	Female No (%)	Male No (%)	Rural No (%)	Urban No (%)	NO (%)
Divorce sub-group	15	12 (80%)	3 (20%)	8 (53.3%)	7 (46.7%)	15 (12.5%) psychiatric assessment prior to divorce
Miscella neous sub-group	30	6 (20%)	24 (80%)	30 (100%)	0 (0%)	30 (25%) for long term indoor management
Elder sub-group	15	2 (13.3%)	13 (86.7%)	5 (33.3%)	10 (66.7%)	15 (12.5%) for assessment of testamentary capacity

DISCUSSION
Our study evaluated the socioeconomic data, the reason for referral, diagnostic categories, outcome and their associations in 60 CCRs at a tertiary referral hospital.

Divorce sub-group

Socioeconomic data
Our findings compare with the studies of Batra et al and Svedin et al.(5,6) Our study compares with the Indian and foreign studies however there were differences in the study designs.

Reason for referral
Our study compares with the studies of Batra et al, Svedin et al and Pathare et al.

Our findings are comparable with both Indian and foreign studies on divorce seeking couples.(5,6,7)

Diagnostic categories
Our findings compare with the studies of Batra et al.[5] Most of the older studies did not report about the diagnostic classification. One foreign study used DSM IV criteria and an Indian study used ICD 10 criteria.[5,6,7]

Outcome
In our study, they were sent to the respective court for further necessary action after psychiatric evaluation, whereas the other divorce studies were mainly about psychiatric morbidity in divorce couples.[5,6,7]

Miscellaneous sub-group
Socioeconomic data
Our findings are comparable with Sethi et al[8] who described the socio economic data in great details (in his survey/non-survey groups) which is comparable with our study. However they used a different study design.

Reason for referral
Our study was on a subgroup of civil court referrals but the studies of Sethi et al and Ciccone et al were psychiatric morbidity studies.[8,9]

Diagnostic categories
Our findings compare with the studies of Sethi et al Ciccone et al. Our study had mainly psychotic disorders, substance use disorders and mental retardation whereas the other studies also reported neurotic disorders and personality disorders. [8,9]

Outcome
Our study finding compares with the following study: Ciccone et al. [9] Elder sub-group

Socioeconomic data
Our findings compare with the studies of Jovanovic et al. Out of the 156 forensic reports they found that 80% of court referrals were 65 years of age or above and 20% were below 65 years of age. They also reported that 72% of court referrals were men and 28% were women.[10]

Reason for referral
Our findings compare with the studies of Jovanovic et al who reported that the main reason for referral was the assessment of testamentary capacity[10]

Diagnostic categories
Our findings compare with the study of Jovanovic et al . [10]
Outcome

Our findings compare with the findings of Jovanovic et al. [10]

Civil CRs - Associations
Our findings compare with the study of Pathare et al.[7] According to the socio-cultural situation in India, the authors found that more men than women filed for divorce on the ground of mental illness and perhaps use mental illness as a reason to seek divorce or nullity of the marriage

Elder -sub- group:
Our study compares with the findings of Jovanovic et al.[10]

Strengths of the study
This is well designed study carried out on specific group of CCRs at a tertiary referral hospital. MINI plus and ICD 10 research diagnostic criteria were used to enhance the quality of evaluation. The differences between the various sub-groups of CCRs (divorce, miscellaneous &

elders) in the Indian setting were studied. Some of the special socio-cultural factors related to CCRs in the Indian setting were highlighted.

Limitations of the study
The study was conducted on a small group of CCRs at a tertiary referrals hospital. The CCRs were further divided into sub-groups. This may not be representative of all CCRs in the country at large. A larger study of CCRs needs to be undertaken at different tertiary referral hospitals in the country. The CCRs were followed up for a short period of time.

Conclusions:
There were 60 Civil Court referrals (CCRs) which were further sub-divided into divorce, miscellaneous & elder sub-groups. In the divorce- sub-group, most did not have psychiatric disorders. In the Miscellaneous- sub –group, most had psychiatric disorders and were advised long- term psychiatric treatment. In the elder- sub- group, most of them were unfit for testamentary capacity.

Implications of the study
The study has implications for consultation liaison services for CCRs in the Indian setting.

Mental health services
It highlights the requirement for liaison services for CCRs for better evaluation and intervention.

Training
Psychiatrists and mental health professional need proper training in consultation-liaison services related to CCRs.

Research
Standardized, validated and reliable tools using Indian norms should be designed to improve the quality of evaluation.

Policy
The study will help frame proper guidelines for consultation liaison services for CCRs in the Indian setting.

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