



A STUDY OF CRIMINAL COURT REFERRALS AT A TERTIARY CARE HOSPITAL

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(ABSTRACT) **Background:** There are very few studies regarding the psychiatric evaluation of criminal court referrals (CCRs). Most are foreign studies but there are a few rare Indian studies. This study evaluates criminal court referrals referred to a tertiary referral hospital in the Indian setting.

Materials & Method: The study evaluated the socioeconomic data, psychiatric diagnostic categories, outcome and their associations in 30 criminal court referrals referred to a tertiary referral hospital using ICD-10 Research diagnostic criteria, Kuppuswamy's socioeconomic scale and the MINI-plus interview.

Results and Association: Among these 30 criminal court referrals, the age range was between 14-60 years. 56.33% were male and 43.33% were female. The most common reason for referral was fitness to stand trial. Most of them (70%) were found to have psychotic disorders. Those CCRs who were fit for trial were sent back to prison and those who were unfit to stand trial were recommended further treatment. Most CCRs were from the lower socioeconomic status. ($X^2=10.8$, $P<0.05$). There was an association between diagnostic categories and reason for referrals. ($X^2=4.8$, $P<0.05$).

Implications: These findings have important implications for mental health services, training of mental health professional, research and policy for criminal court referrals in the Indian setting.

KEYWORDS : .

INTRODUCTION:

Forensic evaluation of psychiatric patients is an essential part of psychiatric practice. A criminal court may send a prisoner for assessment for the fitness to stand trial for evaluation of criminal responsibility. [1] At present there are no recent studies regarding the evaluation of criminal court referrals (CCRs) to the department of psychiatry of a tertiary referral hospital 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 better mental health services for CCRs. It will help to train mental health professionals in the proper evaluation of CCRs. It emphasizes the need for further research in this neglected area. It will also help to frame policy guidelines for CCRs.

AIM:

To study criminal 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 CCRs

MATERIAL & METHODS

Study Design

The study was conducted at a tertiary referral hospital. The Institutional Ethics Committee's permission was obtained prior to commencement of the study

Type of study: Descriptive

Sampling Unit: All criminal court referrals referred to psychiatry department of tertiary referral hospital.

Definition of Criminal court referral: A criminal court referral was defined as a case with a criminal offense referred for psychiatric evaluation from the court

Inclusion criteria –

1. Both male and female criminal court referrals
2. Criminal court referrals of all age groups

3. Criminal court referrals who gave consent to participate in the study

Exclusion criteria –

1. Criminal court referrals having serious medical illness requiring urgent referral
2. Criminal court referrals without proper medical and legal records
3. Referrals from the Standing Medical Board of a General Hospital

Sample size: 30 criminal court referrals

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 30 criminal court referrals (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 CCR and/or relative was taken. The consent was recorded in the mother tongue of the criminal court referrals. The CCR's detailed history was recorded and their mental status examination was done. The Kuppuswamy's socio-economic scale and the MINI Plus were applied to the CCRs. [3,4]. The diagnostic categorization of the CCRs was done according to ICD-10 research criteria. [2] The results obtained were tabulated, X² square test administered and statistical analysis was done.

Table-1 Age, sex, socio economic class and outcome

Age	
Age range	14-60 years
Mean age	25.93 years
Sex	
Male	(13)56.66%
Female	(17)43.33%
Marital status	
Married	40%
single	60%
Socioeconomic class	
Lower socioeconomic class	(24)80 %
Lower middle socioeconomic class	(6)20 %
Reason for referral	

Fitness to stand trial	(30)100%
Out come	
Unfit for fitness to stand trial	(21) 70%
Fit fitness to stand trial	(9) 30%

RESULTS

There were 30 criminal court referrals. The age range was between 14 to 60 years. The average age was 25.93 years (Table1). 56.66% were male and 43.33% were female (Table1). 15 (50%) were single, 3 (10%) were widow/ widower and 12 (40%) married.(Table 1) 27 (90%) were Hindu, 2 Muslims (6.66%) and 1 (3.33%) Christian. 23 (76.66%) were from rural area and 7(23.33%) from urban area. 15 (50%) were uneducated and 5 (16.66%) had completed their education up to secondary school and 10(33.33%) had a primary level of education. According to the occupational status 2 (6.66%) were students, 20(66.66%) laborer, 5(16.66%) housewife and 3 (10%) farmers. According to the Kuppuswamy's Socioeconomic Scale, 80% were from lower socio-economic class and 20% were from lower middle class (Table1) [3].

5.2 Reason for referral

All 30 CR's were referred for psychiatric evaluation for fitness to stand trial. (Table1)

5.3 Diagnostic categories

Out of the 30 CCRs 8(26.66%) had schizophrenia, 2(6.66%) had as bipolar mood disorder, 2(6.66%) unspecified psychosis, 1(3.33%) anxiety disorder, 1(3.33%) acute stress reaction, 8(26.66%) as mild mental retardation with behavioral disturbances, 1 (3.33%) borderline intellectual function with psychosis NOS and 7 (23.33%) no active psychopathology.

5.4 Outcome

Out of the 30 CCRs 9(30%) criminal court referrals were sent back to prison as fit to stand trial and 21(70%) were unfit to stand trial and further treatment was recommended. [Table 1]

5.5 Associations

We found association between socioeconomic status and the reason for referral. 24 out of 30 were from lower socioeconomic status. ($X^2=10.8$, $P<0.05$)(Table 1)

There was a statistically significant association between outcome and reason for referrals. ($X^2=4.8$, $P<0.05$) (Table 1)

DISCUSSION

Our study evaluated the socioeconomic data, the reason for referral, diagnostic categories, outcome and their associations in 30 CCRs at a tertiary referral hospital. We compared our findings with hospital based and special studies on CCRs. [5, 6, 7, 8, 9, 10, 11, 12, 13, 14]

Socio-economic data

The socio-economic data our study compares to a large extent with mainly the hospital-based Indian & foreign studies. [6, 7, 8, 9] It did not compare with the special studies. The foreign studies did not report about the socio-economic data. [10]. Four special studies reported their findings only on male subjects, another only on juvenile defendants and one was a retrospective review on liaison assessment sheets & available file information. [11, 12, 13, 14]

Reason for referral

In our study all 30 CCRs all were referred for psychiatric evaluation for fitness to stand trial. Our findings are comparable with the hospital-based Indian & foreign studies and also special studies. [6, 7, 8, 9, 10, 11, 12, 13, 14]

Diagnostic categories

Our diagnostic categories compare with the hospital-based Indian & foreign studies and special studies. [5, 6, 7, 8, 9] However other studies also reported substance abuse disorders, personality disorders, organic brain disorders and sexual deviations as diagnostic categories. [6, 7, 8, 9, 11, 12, 13, 14]

Outcome

Our outcomes are comparable with hospital bases studies and also special studies. [6, 7, 8, 10, 11, 14] Many studies had not clearly stated the outcome of the referral. [5, 9, 12, 13]

Associations

In our study, the associations were mainly due to the type of sample and cultural factors in the Indian setting. [Table 1]

Strengths of the study

This is well designed study carried out on specific group of CCRs at a tertiary referral hospital. Our study used standardized psychological assessment tools such as MINI plus and ICD 10 Research diagnostic criteria. It compares CCRs in hospitals (Indian and Foreign) and special studies.

Limitations of the study

The study was conducted over a short period of the time on the relatively small group of CCRs at a tertiary referral hospital. This may not be representative of all CCRs in the country at large. A larger study of CCRs, need to be undertaken at different tertiary hospitals in the country. Due to the short duration of the study, the CRs could not be followed up for a longer period.

Implications of the study

The study has important implication for mental health services, training of mental health professionals, research and policy regarding CCRs in the Indian setting.

Mental health services

The study highlights the importance of the proper evaluation of both CCRs. It will help in planning customize interventions for CCRs within the administrative and legal constraints required for the treatment of CCRs in the Indian setting. It highlights the need for liaison services for CCRs.

Training

Psychiatrists are increasingly being called to certify and report about the CCRs. The assessment of CCRs should be performed meticulously and objectively otherwise it may lead to administrative, legal and social problems. Proper diagnostic tools should be made available using Indian norms for this CCRs. Psychiatrists and mental health professional need proper training in the psychiatric evaluation CCRs.

Research

The study highlights the need for further research in the area of psychiatric evaluation of CCRs. Standardized, validated and reliable tools using Indian norms should be designed to improve the quality of evaluation

Policy

The study will help to formulate proper policy guidelines for CCRs in the Indian setting. The study being multi-disciplinary in nature and will be useful for mental health, legal, penal, administrative and social work personnel.

References:

- Chadda RK. Forensic evaluations in psychiatry. Indian J Psychiatry. 2013 Oct 1;55(4):393-9.
- ICD 10 International Statistical Classification of Diseases and Related Health Problems. 4th ed. WHO; 2010.
- Kuppuswamy B. Manual of Socioeconomic Status (urban). Manasayan, Delhi; 1981.
- Sheehan D V, Lecrubier Y, Sheehan KH, Amorim P, Janavs J, Weiller E, et al. The Mini-International Neuropsychiatric Interview (M.I.N.I.): The development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. Journal of Clinical Psychiatry. 1998; p. 22-33.
- Varma LP, Jha BK. Characteristics of murder in mental disorder. Am J Psychiatry. 1966 May;122(11):1296-8. Jha. A Study Of The Nature Of Criminal Offences Of Mental Patients. Indian Journal of Psychiatry. 1968. p. 166.
- Somasundaram. Crimes Of Persons With Schizophrenia. Indian Journal of Psychiatry. 1974; p. 121. 76
- Binns JK, Carlisle JM, Nimmo DH, Todd NA, Park RH. Remanded in Hospital for Psychiatric Examination: Sec. 54, Mental Health (Scotland) Act, 1960--A Review of 107 Admissions. Br J Psychiatry. 1969 Oct 1;115(527):1125-32.
- Mendelson EF. A survey of practice at a regional forensic service: what do forensic psychiatrists do? Part II: Treatment, court reports and outcome. Br J Psychiatry. 1992 Jun 1;160(6):773-6.
- Warren JI, Fitch WL, Dietz PE, Rosenfeld BD. Criminal Offense, Psychiatric Diagnosis, and Psychological Opinion: An Analysis of 894 Pretrial Referrals. J Am Acad Psychiatry Law. 1991 Mar 1;19(1):63-9.
- Rollin HR. Social and Legal Repercussions of the Mental Health Act, 1959. Br Med J. 1963 Mar 23;1(5333):786-8.
- Bearecroft J, Donovan M. Psychiatric Referrals from Courts and Prisons. Br Med journal. 1965;(2):1519-23.
- Kumar D, Viswanath B, Sebastian A, Holla B, Konduru R, Chandrashekar CR, et al. Profile of male forensic psychiatric inpatients in South India. Int J Soc Psychiatry. 2014 Feb 15;60(1):55-62.
- Barnes MT, Hudson SM, Roberts JM. Characteristics of criminal defendants referred for psychiatric evaluation. Kumar D, Viswanath B, Sebastian A, Holla B, Konduru R, Chandrashekar CR, et al. Profile of male forensic psychiatric inpatients in South India. Int J Soc Psychiatry. 2014 Feb 15;60(1):55-62