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Who Does the Family Court Refer for Psychiatric Services?

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ABSTRACT: Demographic differences between adolescents referred for psychiatric services by the Family Court and by facility staff at a state-run juvenile justice evaluation center are examined. Those groups are then compared to the facility's general population. It is concluded that race, gender, age, and judicial discretion are the factors that distinguish court-referred adolescents from their counterparts referred by facility staff and in the general population.

KEYWORDS: forensic science, forensic psychiatry, psychiatric services, Family Court, juvenile assessment, pre-disposition

Mental health professionals have come to play an increasing role in the judicial system. Courts routinely rely upon such professionals to provide services such as evaluations of competency to stand trial, assessments of dangerousness or risk of recidivism, and group or individual therapies (including the prescription and monitoring of medications). Such services may play a greater role in the Family Court, which places greater philosophical emphasis upon rehabilitation or acting in the best interests of the young offender. However, the factors that influence decisions regarding referrals for such services have received relatively little attention in the empirical literature. Reviews of the available literature were undertaken using Psychlit (1975–1995) and Medline (1987–1995). These reviews yielded studies of juveniles at the time of arrest, initial detainment, pre-adjudication, and post-commitment stages of the judicial process, but revealed few studies of adolescents who have been adjudicated delinquents but were awaiting disposition. In view of the limited empirical data available and the limitations in those studies that have been done, this appears to be an area in need of further research.

Several authors have described court clinic programs without describing the population served (1–3). Other studies have compared individuals referred to such programs to non-referred individuals (4–5). Lewis and colleagues have suggested that socioeconomic status and race may be significant variables in determining whether a disruptive child enters the criminal justice or mental health system (6–7). In studies of court clinics, it was noted that those referred for psychiatric services were younger (8), had a greater number of charges (8), or had a history of physical abuse (9).

Barnum and colleagues studied alleged delinquents referred to the Boston Juvenile Court Clinic (10). Referral to the Clinic was mandatory for those who met statutory requirements for waiver to adult court, and optional in other cases. For discretionary referrals, the issues were diagnosis and formulation of treatment recommendations for the court to consider during the disposition phase of the case. Barnum et al. found that referred children tended to be poorer, female, and younger than non-referred children. Chaotic backgrounds, abuse, physical trauma, involvement with other state agencies, and drug and alcohol use appeared to be related to referrals. The authors concluded that referral to the Clinic was related to the risk of more severe future behavior rather than to treatment concerns such as the presence of positive prognostic signs or suspicion of treatable psychopathology. Number of past charges or severity of present charges did not appear related to the referral decision.

The current study examined the population committed to a state-run evaluation center for adolescents adjudicated as delinquents whose cases were pending disposition. Commitment occurred at the discretion of the Family Court judge. Commitment charges could range in severity from status offenses (e.g., truancy) to crimes against persons (e.g., criminal sexual conduct). Referrals for psychiatric services could be made by the Family Court judge in the commitment order or by facility staff should the juvenile experience difficulties during commitment. In the course of performing evaluations of adolescents referred by both sources, differences between the two groups were noted. As court-ordered evaluations were performed late in the commitment to the facility, there was adequate time for facility staff to observe any problematic behaviors that might suggest a need for psychiatric referral. If the factors influencing referral were similar for the two referral sources, one might expect substantial agreement between them with respect to the type of adolescent being referred. However, there appeared to be substantial differences between the two groups with respect to demographics and the amount of clinical services they required. The purpose of the study was to examine these differences in a systematic fashion.

Method

Subjects

Subjects were adolescents committed to a state-run juvenile justice evaluation facility from July 1, 1994 through May 1, 1995. The total number of adolescents committed during that time was 1612. The total group was then divided into two broad groups, those who received any psychiatric services while at the facility ($n = 212$) and those who received none ($n = 1400$). The former group was then further divided into two groups, those who received psychiatric services by court order ($n = 86$) and those who were identified by facility staff as being in need of psychiatric services

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(n = 142). There were 16 subjects who were included in both the court-ordered and facility-referred groups because they were dually referred. Adolescents who faced the possibility of waiver to Circuit Court were not included in the study.

Referral Sources

Family Court Judges—Family Court judges could order psychiatric evaluations as part of the order committing adolescents to the evaluation facility. Although there was no statutorily mandated lower age limit for commitment at the time of the study, it was generally accepted that children younger than ten should not be committed to the evaluation center. During the study period, case law established the lower age limit for commitment as 11 years. The upper age limit for commitment was 17 years at the time of the offense. Judges could order commitment within these age limits at their discretion regardless of the nature or severity of the charges.

Evaluation Facility Staff—Treatment staff at the evaluation center were teachers, graduate-level psychologists (supervised by a doctoral-level psychologist) and master's level social workers. All subjects underwent a psychological evaluation consisting of a measure of intellectual functioning (i.e., Wechsler Intelligence Scale for Children—Third Edition, Wechsler Adult Intelligence Scale—Revised), a measure of reading comprehension (i.e., Peabody Individual Achievement Test, Wide Range Achievement Test—Revised), measures of visual-motor functioning (i.e., Bender Visual-Motor Gestalt Test, Beery Test of Visual-Motor Integration). Assessment of personality also was undertaken (e.g., clinical interview, Millon Adolescent Clinical Inventory, House-Tree-Person, Incomplete Sentence Blanks). More specialized measures such as a Continuous Performance Task or Halstead-Reitan Neuropsychological Test Battery were available upon request. Facility staff making referrals generally were unaware of whether or not subjects had been referred by the Family Court. Similarly, they were unaware of the results of psychological testing prior to making referrals. There were no facility criteria for making referrals for psychiatric services.

Results

Demographic characteristics of subject groups are presented in Table 1.

TABLE 1—*Demographic characteristics of subject groups.*

	GP	FR	COR
Number of Subjects	1400	142	86
Mean Age	14.86	14.78	14.56
SD	(1.33)	(1.30)	(1.29)
Gender			
% Male	84.7	85.9	75.6
% Female	15.3	14.1	24.4
Race			
% African-American	66.0	62.7	44.2
% Caucasian	32.9	35.9	54.7
% Other	1.1	1.4	1.2
Modal Number of Charges	1.0	1.0	1.0
Mean Number of Charges	2.40	2.48	2.30
SD	(2.23)	(2.10)	(3.57)

NOTES:—Sum of groups exceeds total number of subjects due to overlap between the court-ordered and facility-referred groups. GP = General Population; FR = Facility Referrals; COR = Court-Ordered Referrals.

The groups were then compared with respect to age, racial composition, and gender composition. There was no significant difference in age between the general population (M = 14.86 years, SD = 1.33) and facility-referred groups (M = 14.77 years, SD = 1.34; $t(170) = 0.78, p > .05$). Court ordered referrals were significantly younger (M = 14.56 years, SD = 1.30) than were the general population subjects (M = 14.86 years, SD = 1.33; $t(96) = 2.10, p < .05$).

The groups were then compared with respect to their racial composition. There was no significant difference in racial composition between the general population of the facility and adolescents referred by facility personnel (χ^2 (1, n = 1523) = .521, $p > .05$). However, the group referred by Family Court judges had a significantly higher percentage of Caucasian adolescents than did either the general population group (χ^2 (1, n = 1489) = 21.655, $p < .05$) or the facility-referred group (χ^2 (1, n = 212) = 14.237, $p < .05$).

Finally, the groups were compared with respect to gender composition. There was no significant difference between the general population and facility-referred adolescents (χ^2 (1, n = 1523) = .038, $p > .05$). The group referred by Family Court judges had a significantly higher percentage of females than did either the general population (χ^2 (1, n = 1489) = 5.71, $p < .05$) or facility-referred group (χ^2 (1, n = 212) = 5.206, $p < .05$).

Discussion

This study examined demographic differences between adolescents referred for psychiatric services by the Family Court and by facility staff at a state-run juvenile justice evaluation center. The results indicated that the general population and facility-referred groups were comprised primarily of males and African-Americans. In contrast, however, the group of adolescents referred by Family Court judges consisted of a significantly higher percentage of Caucasian and female offenders. In addition, court-referred adolescents were significantly younger than those not referred for services. Thus, it appeared that race, gender, age, and judicial preference best differentiated the groups. Other authors have suggested that the Family Court tends to identify Caucasian adolescents as ill, while failing to identify ill and disruptive African-American adolescents (6,7,11). Literature in which members of the judiciary and other referral sources have discussed the factors influencing such decisions is severely limited. Indeed, only one such article could be located in the current review (12). It should be noted that the current study was archival and retrospective in nature. In addition, the generalizability of the current findings is unknown. Future research is planned to address this question more prospectively by asking referral sources what factors influence referral decisions. Such research could provide further information on the differences observed in this study. It seems clear that further study in this and other jurisdictions, as well as effective communication will be necessary to increase understanding of the interface between mental health services and the Family Court.

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