

Young Offender, Child Welfare, and Mental Health Caseload Communalities¹

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Les dossiers des 2,539 premiers jeunes accusés sous le régime de la *Loi sur les jeunes contrevenants* en Alberta ont été comparés avec ceux du Service provincial de la santé mentale communautaire et le système provincial du bien-être de l'enfance afin de déterminer l'étendue du chevauchement de la tâche. Il en a aussi été tiré certaines données afin d'établir un profil descriptif de l'échantillon. Quarante-sept p. 100 des jeunes contrevenants avaient précédemment été placés sous la coupe du Bien-être de l'enfance et 18% avaient déjà relevé des Services de santé mentale de l'Alberta. Même si le chevauchement est appréciable, il s'est dégagé d'importantes différences qui doivent intervenir dans la planification des services: (1) les jeunes dont s'étaient occupés la Santé mentale et (ou) le Bien-être de l'enfance étaient plus susceptibles d'avoir été impliqués dans des crimes contre la personne; (2) même si les autochtones étaient sensiblement sur-représentés dans l'échantillon des jeunes contrevenants (comparativement à l'ensemble de la population), leur proportion était à peu près la moitié de celle relevée dans le cas de l'ensemble du bien-être de l'enfance; et (3), chose peu étonnante, les jeunes contrevenants étaient plus susceptibles d'avoir fait l'objet d'un diagnostic de "conduite asociale" que les jeunes de l'ensemble des Services de santé mentale.

Records of the first 2539 individuals charged under the Young Offenders Act in Alberta were matched with records of the Provincial community mental health service and the Provincial Child Welfare system in order to determine the extent of caseload overlap. Selected file data were also retrieved in order to provide a descriptive profile of the sample. Forty-seven percent of Young Offenders had been previously assigned Child Welfare status, while 18% had been on the caseload of Alberta Mental Health Services. Although the overlap is significant, important differences were found that need to be considered in service planning. That is (1) individuals who had also been on the Mental Health and/or Child Welfare caseloads were more likely to have been involved in crimes against persons, (2) although Natives were significantly over-represented in the Young Offender sample (in comparison to the general population), the proportion was about one-half of that found in the general Child Welfare caseload, and (3) not surprisingly, Young Offenders were more likely to have received a diagnosis of "conduct disorder" than those on the general Mental Health Services caseload.

Introduction

In addition to signifying an altered approach to the handling of "juvenile delinquents", the proclamation of the *Young Offenders Act* in April of 1984 brought with it the potential for an increased emphasis on mental health service for those charged. Coupled with this, has been a focus on children's services in Alberta,³ with concomitant interest in caseloads shared with other major service providers (ie. the Young Offenders Program and Child Welfare.) In a general context, Lerman⁶ has emphasized the importance of considering the interrelationships of all three systems in order to gain a comprehensive understanding of the way in which society deals with troubled youth.

In an earlier Alberta study⁷, it was determined that between 32% and 44% of the Alberta Mental Health Services caseload of children had been assigned status with Child Welfare Services, but no data were available relating specifically to juvenile delinquents. Thus, the present study was designed primarily to examine the caseload overlap of these programs in Alberta, with the young offender population taken as the base sample, and to determine the proportion of these individuals also been by Mental Health Services and/or Child Welfare Services. Selected subject file data were also collected in order to provide a limited descriptive profile of the sample.

Methods

Case Selection. The records of the first 2,539 individuals charged under the *Young Offenders Act* in Alberta were selected for analysis. These represented those charged between April 1, 1984 and February 22, 1985.

Procedure. Using a combination of electronic and manual procedures, the mental health and child welfare information systems were searched for matches with the young offender system. To begin with, identifying data (name, date of birth, and sex) were taken from the young offender program computerized records, and a new computerized file was created for the present study. A research assistant then searched the mental health and child welfare information systems for case matches based on the identifying information from the young offender system.

The use of unique identity numbers for each case allowed data on matched cases from these two systems to be electronically transferred to the computer study file. The result was a data set which included young offender data as well as mental health and/or child welfare information for each record where a match occurred.

*Information System Variables.*² Additional data collected from each system included:

1. *Young offender system.* Sex, age when charged, geographic location of charge, and type of charge.
2. *Mental health system.* Age at first mental health contact, source of referral, and diagnosis.
3. *Child welfare system.* Referral reason and status.

Racial status was determined by using data from both the young offender and child welfare systems (race was not routinely recorded by Mental Health Services). Because Native status was of particular interest, and because race overall is under-recorded, any case reported as Native on either system was noted as such for present purposes. In the situation where there was any other form of disagreement between the two systems, the young offender record was given precedence (of the 3 systems, the young offender data were by far the most complete).

Analysis. The primary focus of the analysis was the four mutually exclusive groupings formed by the overlap of the mental health and child welfare caseloads within the young offender population. These are: (1) mental health, but not child welfare (MH), (2) child welfare, but not mental health (CW), (3) child welfare and mental health (CW&MH), and (4) neither child welfare nor mental health (Neither).

In general, descriptive statistics will be presented for each variable, with values for the four groups presented when appropriate. The results will be presented in sections according to the information system of origin.

Results

1. Young Offender Information System (all subjects, n = 2539)

Caseload Overlap. Table 1 shows the child welfare/mental health overlap. Note that nearly one-half (47%) of the young offenders had

Table 1

Child welfare and mental health caseload overlap				
		CW Status		Total
		Yes	No	
MH Contact	Yes	325 (13%)	139 (5%)	464 (18%)
	No	865 (34%)	1210 (48%)	2075 (82%)
		1190 (47%)	1349 (53%)	2539 (100%)

also been given status with Child Welfare Services. A lesser, but still substantial, proportion (18%) have mental health records. It is interesting to note that the majority of mental health cases (70%) also showed child welfare status. This compares with the finding, noted earlier, that between 32% and 44% of the overall mental health caseload will have had status with child welfare at some time during their lives. Forty-eight percent of young offenders had no contact with either of the other two systems.

Sex. Overall, males were in the majority (78%) but with the proportion differing across the four groups ($\chi^2 = 25.3$, $df = 3$, $p < .001$). The percentage of males were MH = 87%, CW = 73%, CW & MH = 80%, and Neither = 80%. Note that the 1984/85 mental health and child welfare caseloads showed the proportion of males as 56% and 51% respectively. Thus, males are clearly over-represented, even when compared to these special populations.

Age. Overall, the mean age of those charged was 14.8 yrs. ($SD = 1.11$). There was no significant difference between the four groups ($F = 0.92$, N.S.).

Race. The largest racial group was Caucasian (73%), with Natives (Treaty, Non-Treaty, and Metis) comprising 24% of the total. The proportion of Natives showed significant variation across the CW/MH categories ($\chi^2 = 71.30$, $df = 3$, $p < .001$). That is, MH = 17% Native, CW = 33%, CW&MH = 22%, and Neither = 17%). In all cases, Natives are over-represented; estimates place the proportion of Natives in the general population at about 5.2% (Statistics Canada, 1981 census). The data also suggest that Mental Health Services are less

likely to be involved with Natives than are child welfare services. The fact that the number of Native children in the child welfare population drops when mental health is also involved (from 33% to 22%) suggests that Native children are less likely to be referred from CW to MH than are non-Native children.

Geographic Distribution. Charges were laid in 97 different locations across the Province. For the purposes of meaningful analysis, these were collapsed into three categories. These are (1) major urban (Edmonton and Calgary), (2) small urban (5 cities ranging in size from approximately 20,000 to 60,000 inhabitants), and (3) rural. The majority of charges were laid in the major urban centres (55%), with small urban showing 14%, and rural 31%. The rates, however, were not meaningfully different. The number of charges per 10,000 population were 38.8, 40.2, and 35.4 for major urban, small urban, and rural, respectively.

Charges. The majority of young offenders (79%) were charged with only one crime, with the remaining 21% receiving two or more charges. The nature of these charges is shown in Table 2. Individuals with more than one charge were assigned to groups on the basis of the most serious crime (crimes against persons being most serious, and crimes against "the system" being deemed least serious). Note the information on charges for 69 cases (2.7%) were either incomplete or not readily classifiable, and were thus not included in the Table. Although crimes against property consistently formed the largest category, those involved with Mental Health Services or Child Welfare Services showed a slightly higher proportion of crimes against persons and a somewhat lower level of property crimes when compared to those who were not involved with either agency ($\chi^2 = 35.38$, $df = 6$, $p < .001$). There was very little difference across the groups in terms of status crimes.

Table 2

CW/MH group differences on the most serious type of crime attributed to each individual.

	MH	CW	CW&MH	Neither	Total
Against Persons	21(15%)	135(16%)	61(19%)	106(9%)	323(13%)
Against Property	98(72%)	598(71%)	222(70%)	918(78%)	1836(74%)
Against System	18(13%)	110(13%)	35(11%)	148(13%)	311(13%)
Total	137(100%)	843(100%)	318(100%)	1172(100%)	2470(100%)

Not surprisingly, those involved with Mental Health Services or Child Welfare Services were more likely to have received multiple charges. The mean number of charges laid per offender was 1.5 (SD = 1.0), with a significant difference due to CW/MH groupings ($F = 36.38, p < .001$). The group means were MH = 1.5, CW = 1.7, CW&MH = 1.9, and Neither = 1.3.

A Duncan's Range Test applied to the data indicated that the "Neither" group differed from the CW and CW&MH groups ($p < .01$), but not from the MH group. The MH group was, however, significantly lower than the CW&MH group. Looking at the overall trend of the group means, it would appear that multiple charges are more likely for those in contact with either Mental Health Services or Child Welfare Services, and is highest for those with both.

Mental Health Information System Variables. (n = 464)

Data in this section pertain only to those young offenders who had been seen by Alberta Mental Health Services (AMHS) at some point in their lives. Thus, the CW/MH variable includes only two groups; those mental health clients who had also been seen by child welfare (CW&MH), and those mental health clients who had no child welfare status (MH).

Age of contact. The mean age at first registration as a mental health client was 11.7 yrs. (SD = 3.08), as compared with 14.8 yrs. of age when charged. Thus, on average, mental health contact occurred 36.8 months before charges were laid. There was no CW/MH difference ($F = 0.01, N.S.$). In 46 cases (12%), the mental health involvement came after charges were laid. Fifty-seven files (14%) were open at the time that the data were collected.

Referral Source. A total of 127 referrals (31%) were from Alberta Social Services (which includes child welfare). Not surprisingly, these figures were higher for those having had child welfare status than for those who did not (36% and 18% respectively) ($\chi^2 = 23.98, df = 8, p < .01$). That 10 of the 50 directly referred from Child Welfare Services had not had child welfare status suggests that the actual CW/MH caseload overlap is higher than that which could be determined by the examination of simple registration/status data. That is, child welfare systems often investigate and refer without assigning status.

Table 3
Most recently assigned diagnostic category

	MH Only	MH&CW	Total	All MH 1984/85
Situational Disorder	21 (19%)	53 (19%)	74 (19%)	1123 (20%)
Childhood Disorder	18 (16%)	40 (14%)	58 (15%)	1489 (26%)
Conduct Disorder	36 (33%)	117 (41%)	153 (39%)	659 (11%)
Neurosis	2 (2%)	8 (3%)	10 (2%)	182 (3%)
Family Circumstances	13 (12%)	20 (7%)	33 (8%)	1276 (22%)
Mental Retardation	2 (2%)	4 (1%)	6 (2%)	46 (1%)
Other	18 (16%)	41 (15%)	59 (15%)	970 (17%)
Total	110 (100%)	283 (100%)	393 (100%)	5745 (100%)

Diagnosis. The most recent diagnosis for each case was determined, and these were grouped into the major diagnostic categories shown in Table 3. Also shown is the distribution of diagnostic assignments for all children seen by Mental Health Services during 1984/85. Note that while the MH and CW&MH samples are remarkably alike ($X^2 = 4.50$, $df = 1$, N.S.), the distributions of the total sample and the total Alberta Mental Health Services caseload did differ ($\chi^2 = 264.37$, $df = 6$, $p < .001$). Young offenders were less likely to be assigned a diagnosis of "childhood disorder" or "family circumstances", and, perhaps most important, were about 3½ times more likely to exhibit a conduct disorder ($\chi^2 = 241.64$, $df = 1$, $p < .001$).

3. Child Welfare Information System Variables

Data in this section pertain only to those young offenders who had been given child welfare status (in Alberta) at some point in their lives. This group includes two sub-groups; those who had also been registered with Mental Health Service (CW&MH), and those who had not (CW).

Referral reason. Twenty-four categories of referral were produced which showed no CW/MH effect ($\chi^2 34.09$, $df = 23$, N.S.). These factors were grouped into 12 categories for analysis. Perhaps not surprisingly, the most highly endorsed category was "criminal offence" (27%), indicating that over one-quarter of child welfare cases had a record of criminal activity prior to being charged under the *Young Offenders Act*. About as prevalent is the designation "parent-child conflict" which is difficult to interpret. All other categories show rates below 10%; including physical abuse (3%), physical neglect (7%), and sexual abuse (3%).

Status. It should be noted that the status assigned to each child was difficult to ascertain in a retrospective manner. This is because this particular category has been most affected by recent changes in the *Child Welfare Act*, and data extraction has been hampered by a major alteration of the electronic information system. Thus, only the reliable categories of permanent and temporary wardship are discussed here.

Overall there was no difference between the CW and CW&MH groups, but there exists a temporary/permanent ward interaction when young offenders are contrasted with the total child welfare caseload ($x^2 = 25.93$, $df = 1$, $p < .001$). Temporary wards make up 18% of the young offender sub-sample in contrast to the lesser amount of 12% for the total child welfare population. For permanent wards, the situation is reversed with 6% of young offenders and 10% of the child welfare population having been assigned this status. It is difficult to say whether those who are predisposed to criminal behavior are more likely to end up as temporary wards, or whether it is something about temporary wardship itself that increases the likelihood of delinquency.

Discussion

Perhaps the most noteworthy finding in this study was the high level of caseload overlap among the three service delivery systems. Nearly one-half of the subjects had records of previous child welfare status, while the figure for utilization of the mental health system under study was a lower proportion of nearly one in five. Actual use of mental health services in general is likely much higher. While Child Welfare is the only agency providing child protection services under statute, there are a number of agencies other than Alberta Mental Health Services that provide services for psychiatric and emotional disturbances (eg. private practice psychiatrists and psychologists, hospitals, school counsellors). Thus, the extent of caseload overlap found here, which is a conservative estimate, supports the view that whereas we may have a large number of separate services corresponding to distinct social or human problems, we may be dealing with a much smaller number of high-risk groups who will exhibit behavior that brings them to the attention of a variety of agencies.⁶ This is in line with the view that a variety of mental and social problems stem from a similar root cause.⁵

There are two areas where these results have important implications. The first is in terms of integration/coordination of services. Improvements in this area are often called for, and it appears relevant in the present case where we have considerable caseload overlap across three service systems that are administratively quite distinct. A second implication that is suggested by the results of this study is relevant to the potential for prevention. The data indicate that those children receiving child welfare and/or mental health services are at risk for later juvenile delinquency. This early identification of high-risk groups creates the potential for early intervention, which, if carried out effectively, could reduce the likelihood of later incarceration.

While the similarities exhibited by the three client groups are striking, any conclusion drawn, or actions planned, must be mitigated by the differences found between the clientele of the three service systems in question.

In the first instance, young offenders show a much greater prevalence of conduct disorders than was found in the general mental health caseload. Treatment of conduct disorders is much less likely to be effective than interventions with other non-psychotic disorders.⁴ This places an increased emphasis on the need for early intervention and prevention programs for such individuals. One would suspect, however, that success may be limited here as well.

The other major difference to be considered is in regard to services to Native children. Mental Health provides services to a relatively low proportion of Native clients in comparison to the Young Offenders Program, with Child Welfare serving the highest proportion. These data suggest that Native children are nonetheless over-represented in the young offender population, a more detailed examination of the "flow" of these individuals from one system to the other would be a value in program planning. Of particular interest would be an examination of the respective roles of cultural, individual, or circumstantial influences. These differences, coupled with the low utilization rates of Mental Health Services suggests that planned prevention and intervention programs for Natives are likely going to have to be different from those created for non-Natives.

References

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