

# Depression in Jailed Women Defendants and Its Relationship to Their Adjudicative Competence

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**This study examines the relationship between depression, as measured by four indices, and jailed women defendants' adjudicative competence ("competence to stand trial"). Competence was assessed by the MacArthur Competence Assessment Tool—Criminal Adjudication (MacCAT-CA) in three areas: understanding, reasoning, and appreciation. Depression was not significantly correlated with any competence measure. More depressed women, however, were more likely to feel that they would not be treated fairly by the legal system. This finding is consistent with research showing that depressed people tend to have pessimistic perceptions. The rates of depression were far above the rates in the general female population, and many of the participants were clinically depressed. In addition, competence generally was negatively correlated with measures of psychoticism, emotional withdrawal, and general psychopathology. Implications of the results for addressing the mental health needs of women defendants, and for defense attorneys and forensic clinicians working with them, are discussed.**

"Essential to [our] adversary system of justice"<sup>1</sup> is the principle that a defendant must be competent in order to stand trial for the charges of which she is accused, a principle recently reaffirmed in *Cooper v. Oklahoma*.<sup>2</sup> As made clear by the U.S. Supreme Court in *Dusky v. United States*,<sup>3</sup> fundamental fairness requires that, to stand trial, a defendant must have

a "rational as well as factual understanding of the proceedings" and have the "reasonable degree of rational understanding" (p. 402) to consult with an attorney. The requirement that the defendant have competent decision-making abilities also is implicit in the *Dusky* standard.<sup>4</sup>

Competence to stand trial is the "most significant mental health inquiry pursued in the system of criminal law" (Ref. 5, citing Ref. 6, p. 200). Each year at least 25,000 defendants are referred by attorneys for a competency evaluation,<sup>7, 8</sup> and defense attorneys report that they question the competence of defendants in

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about 8 to 15 percent of their felony cases.<sup>9</sup> Courts generally base their determinations of competence on the competence evaluation provided by the mental health professional,<sup>10, 11</sup> with the outcome having substantial implications for the defendant's rights and the integrity of the criminal justice system. Valid assessments of competence help ensure that incompetent defendants do not stand trial and, conversely, that competent defendants do stand trial.

Since *Dusky*, researchers and clinicians have developed instruments to assess competence to stand trial, and a number of studies have examined the factors affecting competency (see Ref. 5 for a meta-analytic review of 30 studies). These studies have found a number of demographic and psychological factors to correlate negatively with competency, most notably psychosis and severe psychopathology.<sup>5</sup> Unfortunately, the instruments developed to assess competency and the studies using them have many shortcomings. The instruments generally lack standardization and a sound theoretical foundation,<sup>7</sup> very few studies\*<sup>12</sup> have examined the competency of women, and no study has examined relationships between competency and depression in female defendants.

Traditional instruments for assessing competence to stand trial include the Competency Screening Test,<sup>13</sup> the Competency to Stand Trial Assessment Instrument,<sup>14</sup> the Interdisciplinary Fitness In-

terview,<sup>15</sup> and the Georgia Court Competency Test.<sup>16</sup> None of these instruments are strongly rooted in psycholegal theory about competence, and none assess cognitive capacity (only knowledge) or reasoning ability and appreciation of one's circumstances (only factual understanding).<sup>7</sup> They "evaluate only the defendant's current knowledge of a limited range of legal issues; they do not systematically examine capacity to acquire and comprehend new legally relevant material, to reason logically about legal options, or to demonstrate an appreciation of legal information in the context of their own cases".<sup>7</sup> Additionally, most do not provide standardized administration and scoring.<sup>16, 17</sup> A study using some of these instruments found that they often did not perform very well in measuring competency.<sup>18</sup>

The current study used a newly developed test of adjudicative competency, the MacArthur Competence Assessment Tool-Criminal Adjudication (MacCAT-CA).<sup>7, 17</sup> Because "competence to stand trial" also includes competence to enter a plea or to participate in pretrial proceedings, "adjudicative competence" is the more appropriate term.<sup>19</sup> The MacCAT-CA overcomes the shortcomings of previous instruments. It is a standardized assessment instrument with objective scoring criteria that measures both "competence to assist counsel" and "decisional competence."<sup>20</sup>

This study is the first examination of the relationship between depression and adjudicative competence in jailed women defendants, an important area for investigation for several reasons. First, an

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emerging literature suggests that women in jail may have high rates of psychopathology and depression, higher than those of men in jail or of the general female population.<sup>21, 22</sup> Using the National Institute of Mental Health (NIMH) diagnostic interview, Teplin *et al.*<sup>23</sup> assessed the psychiatric status of a random sample of 1,272 female jail detainees awaiting trial and compared their rates of psychiatric disorder (controlling for age and race) with epidemiological rates in the same catchment area. They found that for all disorders, the jail group rated significantly higher than the general population. Significantly, 70 percent of the jailed women had symptoms of at least one major disorder within six months of the study, with major depressive episode being the most common major disorder.

Second, depression has been found to affect cognitive processes—including attention, memory, and judgment—negatively.<sup>24, 25</sup> Research also indicates that depression may have effects on decision-making competence, although it is unclear and ambiguous as to precisely what those effects may be.<sup>26</sup> While some studies have found depression or depressed mood to affect reasoning negatively,<sup>27–29</sup> others have not.<sup>30, 31</sup> Research suggests that low levels of depression may actually facilitate decision-making because the depression leads to less rosy and more realistic assessments (so-called “depressive realism”),<sup>24, 32</sup> and a more rational and less risk-prone approach to problems.<sup>33</sup> Severe depression, however, appears detrimental to decision-making, causing distortions in decision-making processes and an exaggeration of the negative aspects of

a problem or alternative,<sup>32, 34</sup> as well as a more negative assessment of the likelihood of future events.<sup>24, 25, 35</sup> Depressed persons also assign greater weight to potential risks.<sup>36</sup>

This study used four different indices of depression to obtain good convergent validity for the measure of depression, and the newly developed MacCAT-CA. The study assessed the levels of depression in jailed women defendants and the relationships between depression and their adjudicative competence in three areas: understanding, reasoning, and appreciation.

## Methods

**Subjects** Twenty-nine women between the ages of 18 and 38 ( $M = 28.55$ ;  $SD = 5.58$ ) served as participants. Twenty-four were African-American and 5 were Caucasian. Information obtained from jail admission records indicates that 23 were charged with felonies (or felonies and misdemeanors), and 6 with misdemeanors. The most common offenses were drug possession or distribution, theft, check or credit card forgery, and passing bad checks. These age and offense demographics closely parallel the national statistics for women in jail<sup>37</sup> except that this sample included a greater percentage of African-Americans than found in the jailed population nationally.

All participants were recruited from a local suburban jail facility in one Virginia county within the first two weeks of their incarceration. Participants had to be between 18 and 65 years of age, have a prorated verbal IQ of at least 60, and have pending misdemeanor or felony charges

for which they had not yet been tried or sentenced.

**Procedure** The researcher identified from jail admission records all potential participants who satisfied the above selection criteria. He explained to each potential participant the purpose of the study, the types of interview questions that would be asked, and that their responses would be kept confidential. Each participant's informed consent to participate in the study was obtained in accordance with the Ethical Principles of the American Psychological Association.<sup>38</sup> Only one potential participant refused to participate, and no participants were excluded. Participants were paid \$10 each.

Individual interviews were conducted in an interview room or cubicle by a psychology doctoral student researcher trained and experienced in psychological assessment, who later scored the test responses. Interviews lasted about 80 minutes each, during which six measures were administered in the following order: a demographic information interview, verbal IQ, the MacCAT-CA, the Beck Depression Inventory (BDI), the Brief Psychiatric Rating Scale (BPRS), and the Center for Epidemiological Studies Depression Scale (CESD).

**Measures. Demographic Information** Participants were asked a series of background questions about their age, recent employment, history of psychiatric or substance abuse treatment, history of child abuse, current medications, criminal and jail history, previous competence evaluations, and contacts with defense attorneys.

**Prorated Verbal IQ** The Vocabulary,

Similarities, and Digit-Span subtests of the Wechsler Adult Intelligence Scale-Revised (WAIS-R) were used to obtain a prorated measure of verbal IQ. The prorated score was calculated by using WAIS-R norms to convert raw scores to scale scores, summing the three scale scores, multiplying by two, and then using the WAIS-R age-normed tables to convert to the equivalent prorated verbal IQ score. This method provides prorated scores that correlate highly ( $r > .90$ ) with full-scale WAIS-R verbal IQ.<sup>39</sup>

**MacArthur Competence Assessment Tool—Criminal Adjudication** There are four primary components of adjudicative competence: (1) capacity to understand relevant information, (2) capacity to engage in rational decision-making relevant to the case, (3) capacity to appreciate one's situation and the personal consequences of various decision alternatives, and (4) capacity to express a choice among alternatives.<sup>20</sup> Assessing each of these components are the MacCAT-CA's three scales: Understanding (8 items: scores range from 0 to 16); Reasoning (8 items: scores range from 0 to 16); and Appreciation (6 items: scores range from 0 to 12). The Reasoning and Appreciation scales require the defendant to choose among alternatives. The MacCAT-CA includes a total of 22 items. Scores on each item can range from 0 to 2, with a 1 indicating a partially correct response.

The Understanding scale measures understanding of the basic legal rights of a defendant, procedures (e.g., pleading, trial, sentencing), and roles (e.g., judge, prosecutor, defense attorney) relevant to a criminal case. Each item flows from a

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hypothetical vignette of a bar fight between Fred and Reggie and the choices confronting Fred in the defense of his case. The scale contains eight items concerning the roles of the defense attorney and prosecutor, the elements of the higher crime for which Fred could be charged, the elements of the lesser crime for which Fred could be charged, the role of the jury, the role of the judge, sentencing possibilities, pleading guilty, and legal rights. Each item begins with a predisclosure question (e.g., what legal rights does a defendant give up if he pleads guilty?), followed by a disclosure of the information if the defendant does not know the answer, followed by a question asking the defendant to paraphrase the information provided in the disclosure. Thus, the scale measures the defendant's capacity to understand disclosed information rather than just her current knowledge. The score obtained on each item is the higher of the predisclosure and disclosure scores.

The Reasoning scale includes five items that each require the defendant to choose which of two facts is the most relevant to Fred's case and explain why. One point is awarded if the defendant selects the correct fact, and two points are awarded if the defendant also provides a plausible explanation for selecting the correct fact. For example, one item asks which fact would be more relevant if Fred's lawyer wants to know whether Fred was trying to hurt Reggie: (1) that a country and western band was playing at the bar or (2) that Fred called the ambulance because he could see that Reggie was badly hurt. Two points are awarded if

the defendant chooses fact two and explains that Fred probably wouldn't have called the ambulance if he had wanted to hurt Reggie. The Reasoning scale also includes three items that require the defendant to reason about options regarding whether Fred should plead guilty to a lesser charge with a reduced sentence, or plead not guilty and proceed to trial on the higher charge and risk a significant prison sentence if convicted. After the information about the options is disclosed, the defendant is asked what else she would want to know before advising Fred, whether she thinks Fred should plead guilty or not guilty, what the advantages and disadvantages are of the option chosen, and why the option chosen is better than the other option. These items require the defendant to seek relevant information, make a choice, think consequentially, and think comparatively, respectively.

The Appreciation scale requires the defendant to reason about her own situation in relation to that of similarly situated defendants. The six items require the defendant to appraise her own situation and explain the reasons for her perceptions. The items ask whether, compared with other defendants in her situation, it is more likely, just as likely, or less likely: that the defendant will be treated fairly by the legal system, that her lawyer will help her, that she will tell everything about her case to their lawyer, that she is likely to be found guilty, that she will get equal punishment; and whether she would accept a plea bargain for a lighter sentence. The Appreciation responses are not scored according to specific response cri-

teria. Instead, explanations are scored as to the plausibility of the response, with a score of 1 denoting questionable plausibility. Idiosyncratic beliefs having no logical rationale are assumed to represent a deficit in appreciation.

The MacCAT-CA, and the longer research instrument from which it was derived, the MacArthur Structured Assessment of the Competence of Criminal Defendants (MacSAC), is discussed in detail in a series of articles reporting on the development of the instrument and its validation studies.<sup>7, 17</sup> These studies found that the MacSAC has good construct validity: "it can distinguish known groups of competent and incompetent defendants, it can reflect changes in defendants' competence status, and it correlates positively with clinical judgments of competence, negatively with psychopathology and impaired cognitive functioning, and negligibly with cynicism toward the justice system".<sup>7</sup> Psychometrically, it demonstrates acceptable levels of internal consistency, good reliability, and interscorer agreement.<sup>7</sup>

To assess interscorer reliability, the researcher and a senior member of the MacArthur research staff with extensive experience administering the MacCAT-CA, independently scored eight protocols that were randomly selected from the current study. Reliability was acceptable. Percentage of agreement for each of the MacCAT-CA scales ranged from .81 to .92, and was .86 for the entire MacCAT-CA. Kappa reliabilities for each of the scales ranged from .62 to .84, and was .72 for the entire MacCAT-CA.

*Depression Measures* To ensure

good convergent validity for the results regarding depression, three tests of depression were used, as well as a summed standardized score combining all three measures. This resulted in four different depression indices:

1. Beck Depression Inventory. The BDI<sup>40</sup> has good validity and is the most widely used self-report measure of depression.<sup>41</sup> It consists of 21 items (scored 0 to 3), each requiring the individual to choose from a group of four statements the one that best describes the way she has been feeling in the last week, including the day of administration. Responses are summed to yield a total score that may range from 0 to 63. Beck<sup>40</sup> has suggested the following guidelines to interpret scores: 0 to 9 is normal, 10 to 15 is mild depression, 16 to 19 is mild to moderate depression, 20 to 29 is moderate to severe depression, and scores 30 and above indicate severe depression. Thus, a score of 20 is generally considered the cutoff for clinical depression.

The BDI was introduced to participants by telling them that one purpose of the study was to determine how women in jail were feeling, and they were then read the instructions provided with the instrument. Each participant was given a copy of the BDI to read to themselves as the researcher read aloud each group of statements.

2. Brief Psychiatric Rating Scale, Anchored Version. The BPRS,<sup>42, 43</sup> which has good reliability,<sup>43</sup> is an interview-based measure of 18 components of psychopathology that takes about 15 minutes to administer. BPRS probe questions used in this study were taken from Rhoades

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and Overall<sup>44</sup> and Tarrell and Schulz.<sup>45</sup> The interviewer asks a series of open-ended questions, then rates on a seven-point Likert scale the presence and severity of symptoms. The 18 items are summed to provide a global measure of psychopathology. Four scales providing measures of depression, psychoticism, emotional withdrawal, and hostility, constructed from factor analyses of the BPRS,<sup>46</sup> were used in this study. Each scale score can range from 3 to 21. Total BPRS scores can range from 18 to 126. Clinical experience indicates that a score higher than 40 suggests the need for psychiatric hospitalization.<sup>39</sup>

The BPRS interview was introduced to participants by telling them that the researcher wanted to talk with them for a few minutes about how they have been feeling in the last two weeks.

3. Center for Epidemiological Studies Depression Scale. The CESD was developed from previous scales for NIMH epidemiological studies of relationships between depression and other variables.<sup>47</sup> It is a 20-item self-report depression scale having high validity and reliability for both Caucasian and African-American populations of all ages and socioeconomic classes.<sup>47-50</sup> The individual rates, on a four-point Likert scale, how often during the past week (from less than 1 day through 5 to 7 days) he or she has experienced a particular symptom (e.g., "I felt sad"). Responses are summed to yield a total score that can range from 0 to 60, with 16 considered the cutoff score for clinical depression, and scores of 38 and above characteristic of acute and severe depression.<sup>50</sup> Unlike the BDI, which

focuses more heavily on vegetative and somatic symptoms typical of clinical depression, the CESD emphasizes feelings and is designed to detect both clinical and nonclinical symptoms.<sup>47</sup>

The CESD was introduced to participants by asking them to complete another questionnaire to determine further how they had been feeling in the last week. Each participant was given a copy of the CESD to read to themselves as the researcher read aloud each statement.

4. Summed Standardized Depression Score. To provide a very robust measure of depression, scores on each of the three depression measures were converted to standard *z* scores, and the three *z* scores for each participant were summed together. The resulting summed score provides a depression measure that combines the scores from the three depression measures administered.

## Results

**Sample Demographics** The sample demographics are summarized in Table 1. These statistics roughly parallel those obtained for jailed women nationally,<sup>37</sup> except that this sample includes a higher percentage of victims of child abuse, as indicated by self-report.

**Incidence of Depression** The means, standard deviations, and sample sizes (there are several instances of missing data) for each of the depression measures were as follows: for BDI, *M* (mean) = 17.7, *SD* = 11.65, *n* = 27; for BPRS-Depression, *M* = 9.18, *SD* = 3.99, *n* = 27; for CESD, *M* = 24.56, *SD* = 18.57,

**Table 1**  
**Sample Demographics**

Marital status		
Single = 15		
Married = 3		
Divorced = 4		
Separated = 4		
Cohabiting = 3		
Highest grade education (M = 11.28, SD = 1.65)		
Some beyond high school = 2		
High school = 13		
Did not complete high school = 14		
Most recent employment		
Unskilled = 20		
Semi-skilled = 6		
Skilled administrative = 1		
Never employed = 2		
Current psychiatric medications		
Antidepressant = 2		
None = 27		
Ever had outpatient treatment for mental illness?	Yes = 10	No = 19
Ever had inpatient treatment for mental illness?	Yes = 7	No = 22
Ever had outpatient treatment for substance abuse? <sup>a</sup>	Yes = 14	No = 9
Ever had inpatient treatment for substance abuse? <sup>a</sup>	Yes = 7	No = 15
Victim of child abuse? <sup>a</sup>		
Physical = 10		
Sexual = 8		
No = 8		
Number of crimes charged with prior to current charges (M = 2.59, SD = 3.45)		
None = 10		
One = 3		
Two = 7		
Three or More = 9		
Number of times in jail or prison prior to current incarceration (M = 1.10, SD = 1.15)		
None = 11		
One = 9		
Two = 5		
Three or more = 4		
Ever had a jury trial before?	Yes = 0	No = 29
Ever evaluated for competence to stand trial?	Yes = 1	No = 28
Talked with your attorney yet?	Yes = 12	No = 17

<sup>a</sup> Total number for the substance and child abuse questions is lower than the total sample size, since these three questions were not included in the early data collection.

n = 18; and for the Summed Standardized Depression Score, M = 2.46 (absolute value), SD = 2.83, n = 18.

Most of the women in the sample were depressed, and many were quite depressed. As measured by the BDI, 70.4



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percent were at least mildly depressed (with scores of 10 and above), and 37.9 percent were clinically depressed (with a score of 20 or above). On the CESD, 55.5 percent had scores of 16 or above, indicating clinical depression.

On the BDI, epidemiological data<sup>51</sup> indicate that the mean score for the general female population is 6.91 (SD = 7.09, n = 181), whereas the mean BDI score in this sample was 17.7 (SD = 11.65, n = 27), a significant difference ( $t(206) = 4.60, p < .001$ ). The rate of moderate to severe depression (scores of 16 and above) in the general female population is 11.1 percent, while the rate in this sample was 51.85 percent, again a significant difference ( $\chi^2(2) = 27.23, p < .001$ ).

On the CESD, epidemiological studies show that the mean score for the general female population is 10.4 (SD = 10.3, n = 588),<sup>52</sup> while the mean score for this sample was 24.56 (SD = 18.57, n = 18), a significant difference ( $t(604) = 3.13, p < .001$ ). Additionally, while the rate of clinical depression (scores of 16 and above) in the general African-American female population as measured by an epidemiological study (controlling for socioeconomic variables) using the CESD is 16.9 percent (n = 169),<sup>53</sup> the rate in this sample was 55.5 percent (scores ranged from 20 to 50), again a significant difference ( $\chi^2(2) = 17.90, p < .001$ ).

**Depression, Verbal IQ, and Competence Measures** The three depression measures were moderately to highly intercorrelated (CESD and BPRS Depression,  $r = .74, p < .001$ ; BDI and CESD,  $r = .70, p < .001$ ; BDI and BPRS Depression,  $r = .56, p < .01$ ), indicating

good convergent validity for the measures. Verbal IQ, however, was not significantly correlated ( $r = -.08$  to  $.09$ ) with any depression measure. Verbal IQ was positively correlated and with the MacCAT-CA Understanding score ( $r = .50, p < .01$ ). The mean verbal IQ score was 87.61 (SD = 8.47).

**Depression and Competence** The means and standard deviations on each of the MacCAT-CA competence scales were as follows: Understanding, M = 11.5, SD = 2.43; Reasoning, M = 13.43, SD = 2.22; and Appreciation, M = 11.18, SD = .82.

Partial correlations were computed between the depression and MacCAT-CA competence scales, controlling for verbal IQ. (Although the results are virtually identical to those obtained when computing simple bivariate correlations, since verbal IQ was not correlated with any depression measure.) None of the correlations were significant.

Partial correlations were also computed controlling for general psychopathology other than depression, as measured by the BPRS total score minus the depression score, to ensure that correlations obtained between depression and competence did not merely reflect the possible comorbidity of depression and general psychopathology. When controlling for psychopathology, none of the correlations between the depression and competence measures were significant.

However, there is the possibility that depression may affect competence in a nonlinear manner. Research suggests that different levels of depression may have very different effects on cognitive pro-

cesses. Low levels of depression may have a beneficial effect on decision-making, by leading to less rosy and more realistic assessments<sup>32</sup> and a more rational and less risk-prone approach to problems.<sup>33</sup> Severe depression, however, may be detrimental to decision-making, causing distortions in decision-making processes and an exaggeration of the negative aspects of a problem or alternative,<sup>32, 34</sup> as well as an overestimation of the likelihood of future negative events.<sup>24-25, 35</sup>

Depression scores on the BDI (used here because it is the most widely used measure of depression and the sample size for the CESD is small) were split into low (scores between 0 and 11), medium (scores between 12 and 21), and high (scores between 22 and 46) thirds. Analyses of covariance (ANCOVAs), controlling for general psychopathology other than depression (BPRS total score minus the BPRS depression scale score), were computed for each of the MacCAT-CA scales. None of the results were significant.

***Depression and Perceptions of the Legal System*** To determine whether more depressed women have different perceptions of the legal system or make different adjudicative choices, ANCOVAs, controlling for psychopathology other than depression (BPRS total score minus the BPRS depression score), were performed on responses to five of the MacCAT-CA questions on the appreciation scale. BDI scores were the dependent measure. A sizeable body of research and theory<sup>24, 25, 35</sup> suggests that depressed people tend to have negative perceptions and

outlooks and tend to overestimate the likelihood of future negative events. Thus, depression may affect a defendant's perceptions about whether, compared with other defendants in her situation, she is less likely (score of 0), just as likely (score of 1), or more likely (score of 2), to (1) be treated fairly by the legal system, (2) think her lawyer will help her adequately, (3) be found guilty, (4) plead guilty, or (5) get the same punishment if found guilty. Significant differences were found only for the question about fair treatment by the legal system ( $F(1,24) = 6.74, p < .05$ ), with those saying they thought they were less likely to be treated fairly having significantly higher BDI scores ( $M = 22.89, SD = 9.89$ ) than those saying they were just as likely or more likely to be treated fairly ( $M = 14.75, SD = 11.43$ ). (As there were only three participants who said they were more likely to be treated fairly, the "just as likely" and "more likely" responses were grouped together for the analysis.)

Participants' explanations for their responses on the question about whether they think they will be treated fairly by the legal system were coded according to thematic category: (1) reference to personal characteristics, background, or behavior (e.g., "I have a record," or "I cooperated with the police") versus (2) reference to characteristics of the legal system or to actors in the legal system (e.g., "The system is fair," or "The judge doesn't like me"). An ANCOVA was computed controlling for psychopathology other than depression (BPRS total score minus the BPRS depression score). There was no significant difference in

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**Table 2**  
**Significant Correlations Between MacCAT-CA Scores and BPRS Scores**

	BPRS Scores (n = 27)			Total score
	Hostility	Withdrawal	Psychoticism	
Understanding	—	—	—	-.35*
Reasoning	-.36*	-.53***	-.60***	-.52***
Appreciation	-.36*	-.60***	-.40**	-.44**

\* $p < .10$ ; \*\* $p < .05$ ; \*\*\* $p < .01$ .

depression scores between those who gave reasons related to the self versus those who gave reasons related to the legal system. Moreover, there was no interaction between the type of explanations given and whether participants thought they would be treated fairly.

### *Psychopathology and Competence*

The BPRS measure provides data on relationships between competence and psychopathology other than depression; these data are presented in Table 2. Psychoticism scores ( $M = 3.78$ ,  $SD = 1.6$ ), withdrawal scores ( $M = 4.33$ ,  $SD = 1.75$ ), and total scores ( $M = 29.67$ ,  $SD = 8.39$ ) are moderately to strongly negatively correlated with the MacCAT-CA reasoning and appreciation scales. The BPRS hostility score ( $M = 4.74$ ,  $SD = 1.99$ ) also approaches a significant negative correlation with these two competence scales.

## Discussion

Four general findings emerge from the results. First, recently jailed female defendants have rates of depression much higher than those found in the general female population, and many of them score in the clinically depressed range on self-report measures of depression. Second, the more depressed women are more

likely to feel that they will not be treated fairly by the legal system. Third, depression in these women is not significantly correlated with their adjudicative competence. Finally, psychopathology other than depression (e.g., psychoticism) is negatively related to adjudicative competence. Each of these findings is discussed in turn below.

Suicide is the second most common cause of death to inmates.<sup>54</sup> While it might be expected that women in jail would be depressed, the very high rate of depression found in this sample is surprising. Over 70 percent were depressed, and depending on the measure of depression used, between about 38 percent and 56 percent were identified as clinically depressed. These results are consistent with the findings of Teplin *et al.*,<sup>23</sup> who found high rates of diagnoses for major depressive episode among female jail detainees. The current data, however, provide several quantitative measures of the distribution of levels of depression among both clinically and nonclinically depressed women in jail.

The picture that these findings paint is alarming and indicates the need to provide adequate mental health screening and counseling services to women in jail.

Federal law requires jail facilities to provide needed mental health treatment.<sup>55</sup> As Teplin *et al.*<sup>23</sup> point out, depressed women jailed for misdemeanors or non-violent felonies can and often should be diverted from the justice system and treated for their mental illness in the community. Unfortunately, however, adequate community-based services are rarely available for released inmates.<sup>23</sup> The very high rates of mental illness among jailed women, along with the 138 percent increase between 1983 and 1988<sup>37</sup> in the number of women in jail, perhaps further indicates the "criminalization of the mentally ill" as described by Teplin<sup>56</sup> and Lamb and Grant.<sup>57</sup> Of course, we do not know whether depression in these women is a result of their incarceration or whether it existed earlier.

It is noteworthy that the more depressed women in the study were significantly more likely to feel that they would not be treated fairly by the legal system. These findings are entirely consistent with a sizeable body of past research showing that depressed people tend to have negative thoughts and negative perceptions and tend to feel that negative events are more likely to occur.<sup>25</sup> However, as the research on depressive realism<sup>32</sup> indicates, we should not conclude that the more depressed women's perceptions are necessarily less accurate.<sup>24</sup> In any case, it should be informative to those working with depressed women defendants that they may have high levels of distrust about the fairness of the legal system. It is conceivable that such distrust may influence how they interact with relevant actors in the legal system (e.g.,

police interrogators and defense attorneys) or how they make decisions about their case.

Although this study is limited by the small sample size, depression appears unrelated to adjudicative competence. None of the correlations between the four depression indices and the three competence measures were significant. These results are consistent with those obtained by Poythress *et al.*\* in their study of jailed women detainees using the longer version of the MacCAT-CA, the MacSAC, in which they found nonsignificant or very low correlations between BPRS depression and MacSAC scores. The results also are consistent with studies that have found no effect of depression or depressed mood on reasoning (e.g., Refs. 30 and 31) or competence to consent to medical treatment.<sup>26</sup> While null and correlational findings always must be interpreted with caution, the results of the Poythress *et al.*\* study, taken together with the present study using four indices of depression, strongly suggest that depression does not affect adjudicative competence. This should provide reassurance to defense attorneys and clinicians assessing the competence of women defendants, many of whom are depressed, according to the results of this study and those of Teplin *et al.*<sup>23</sup>

Competence in reasoning and appreciation was related to other forms of psychopathology, particularly psychoticism and emotional withdrawal. These results concur with those of Hoge *et al.*,<sup>7</sup> who also found the total BPRS, BPRS psychoticism, and BPRS withdrawal scores to be negatively correlated with many of

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the competence scales on the MacSAC. The results also are consistent with other studies that have found strong negative relationships between psychosis and competence to stand trial. In their meta-analysis and review of the literature, Nicholson and Kugler<sup>5</sup> concluded that psychosis was one of the factors that was strongly and negatively associated with competence to stand trial.

The correlational nature of this study precludes conclusions about causation, but the results suggest that psychosis and emotional withdrawal may adversely affect adjudicative competence. Since intelligence and psychosis affect cognitive processes in general, it is not surprising that they would be related to measures of adjudicative competence. It also is not surprising that emotional withdrawal is negatively related to competence. A withdrawn defendant's relative lack of interpersonal responsiveness to an interviewer will, in turn, adversely affect her responsiveness to questions asked.

Although the present study found a greater number of correlations and somewhat stronger negative correlations between competence and BPRS scores, the present results for the MacCAT-CA generally coincide with those obtained by Hoge *et al.*<sup>7</sup> and Poythress *et al.*<sup>\*</sup> on the MacSAC (the longer version of the MacCAT-CA). All three studies found a relation between psychoticism and competence; no relation or a very weak relation between depression and competence; and a relation between verbal IQ and competence. This pattern of results across the studies indicates that IQ and psychopa-

thology, particularly psychosis, are predictive of adjudicative competence.

The results have several implications for those working with women defendants. Women detained in jail pending trial should be routinely screened for depression, and needed mental health services should be provided. Defense attorneys should be aware that depression in women defendants may make them more likely to feel that they will be treated unfairly by the legal system, and it is possible that such perceptions may affect their interactions with actors in the legal system and their decision-making about the case. Concerns about adjudicative competence should be greatest for those with a history of psychopathology, particularly psychosis or thought disorder, or for defendants with low intelligence. Finally, the results suggest that emotionally withdrawn defendants may be less competent; facilitating interpersonal responsiveness in a defendant may modestly enhance her adjudicative competence.

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