Understanding Mental Illness
A Review of the Disorders
Objectives

- Define and describe mental illness
- To be able to recognize signs, symptoms, and behaviors of the major categories of mental illness
- Recognition that individuals with mental illnesses often go without the treatment they need, and that law enforcement often encounter individuals experiencing mental health problems as a first responder.
Defining Mental Illness

**Clinical definition**: An illness, disease, or condition that either substantially impacts a person’s thought, perception of reality, emotional process, or grossly impairs a person’s behavior.

- Clinically significant behavioral problems
- Associated with distress (painful symptoms)
- Causes impairment in functioning
- A biological illness that responds to treatment
Mental Illness

- Can happen to anyone
- Chronic
- Can be difficult to diagnose and to treat
- Can be treated, but not always cured

- Not all individuals with a mental illness are dangerous, but can be unpredictable
General Signs of Mental Illness

- **Thinking:** may be confused, delusional, paranoid, incoherent or nonsensical
- **Mood:** sad, euphoric, poverty of speech, withdrawn, panic, nervous, pressured speech
- **Talking to self (possibly hallucinating)**
- **Poor hygiene**
- **Inappropriate attire**
Major Categories of Mental Illness

- Schizophrenia and related disorders
- Mood Disorders
- Anxiety Disorders
- Post Traumatic Stress Disorder

- Personality Disorders
- Substance Use Disorders
- Cognitive Disorders
- Intellectual and Developmental Disabilities
General

- Impacts 1% of the population. Does not differentiate across socioeconomic status.
- Onset is usually late teens, early adulthood.
- 60% attempt suicide, 10-15% complete suicide.
Schizophrenia and Psychotic Disorders

**Symptoms**
- Hallucinations
- Delusions
- Disorganized Thinking
- Negative symptoms (diminished emotional expression, apathy, low motivation)
Schizophrenia and Psychotic Disorders

**Hallucinations**
- Hearing, seeing, smelling, feeling things others cannot.
- Most often auditory

**Delusions**
- False, persistent beliefs
- Usually bizarre
### Schizophrenia and Psychotic Disorders

#### Signs
- Inappropriate attire
- Sluggish
- Impulsive
- Responding to hallucinations
- Injury to self

#### Lack of emotional response
- May appear uncooperative
- Paranoid – refuse food, water
Schizophrenia and Psychotic Disorders

**Symptoms in Jail**
- May appear non compliant
- Agitated by voices and delusions
- Command hallucinations may be dangerous
- More likely to respond to clear directions, and reassurance in a kind tone of voice
- Poor hygiene - Not aware of their surroundings enough to know that they are not clean
- May not eat or drink
Mood Disorders
Major Depression

**Symptoms**

- Sad mood that lasts 2 weeks
- Loss of interest or pleasure in daily activities
- Changes in sleep, appetite, decreased energy
- Thought problems affect concentration, memory, decisions, feelings of guilt, worthlessness
- Risk of suicide is high
- Important to differentiate mental health from physical problems
- Responds well to treatment
Mood Disorders
Major Depression

**Symptoms in Jail**

- Loss of interest in food and self care
- May not care about legal situation
- Suicide risk is real and must be monitored
- Risk of suicide may increase after medication
Mood Disorders
Mania/ Bipolar Disorder

**Symptoms of Mania**

- Euphoric Mood (elevated, high or happy) or irritable mood
- Inflated self esteem
- Hypertalkative, pressured speech
- Decreased need for sleep
- Risk taking behavior
- Grandiosity - can be delusional
Mood Disorders
Mania/ Bipolar Disorder

**Symptoms in jail**
- Jail may be the consequence of the disorder
- Mood can swing from entertaining to hostile
- Talkativeness can be irritating
- If depressed, often cry, feel hopeless, become suicidal
- Can be restless, pacing, demanding and destructive
- Often non-compliant
- Can be professional and well-educated
Anxiety Disorders

Examples

- Panic Disorder
- Social Anxiety Disorder
- Generalized Anxiety Disorder
- Substance Induced Anxiety Disorder

Symptoms in Jail

- Jail environment and structure of holding can induce symptoms
Post Traumatic Stress Disorder

**Symptoms**
- Exposure to an extremely stressful event.
- Painful memories, nightmares, suspicion, anxiety, depression, feelings of guilt and sleep difficulties.
- Symptoms worsen with exposure to similar events.
- Substance abuse is a common method to cope.

**Symptoms in Jail**
- Jail environment can trigger symptoms.
- Jail inmates and personnel can trigger symptoms.
- Lack of privacy and loss of control are issues.
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Personality Disorders

- Inflexible, maladaptive, ways of coping and relating
- Difficulty in holding steady work and relationships
- Difficult to change
- Can co-exist with other mental illnesses
- Behavior problems

- Narcissistic
- Borderline
- Avoidant
- Antisocial
- Paranoid
- Dependent
- Schizotypal
- Schizoid
Personality Disorders

• Predominant disorders in jail are Antisocial and Borderline
• Jail environment heightens symptoms
• Effective management requires consistent limit-setting
• Suicidal risk is real and must be monitored
Substance Use Disorders

- 85% of jail population have substance abuse problems
- High correlation of substance abuse and other mental illnesses

**Symptoms in Jail**

- Monitor risk of OD or withdrawal
- Monitor abuse of prescription drugs
- Can mimic other Mental illnesses
- Long term abuse can cause dementia
Substance Use Disorders

- Intoxication
- Withdrawal
Substance Use Disorders

- **Stimulants** – Meth, Cocaine
- **Sedative hypnotics** – benzodiazepines
- **Alcohol**
  - CIWA-Ar – Clinical Institute Withdrawal Scale for Alcohol Revised (nausea, tremor, sweating, anxiety, agitation; sensory, visual, auditory disturbance; headache, orientation)
- **Opioids** – heroin, pain pills
  - COWS – Clinical Opiate Withdrawal Scale (pulse, restlessness, sweating, pupil size, aches, tearing, GI upset, tremor, anxiety, gooseflesh skin)
Co-occurring Disorders

• Presence of both a mental illness and substance abuse disorder
• High prevalence rates
• 60% of persons with a mood disorder also have a substance abuse disorder
• 50% of persons with schizophrenia also have a substance abuse disorder

In Jail - More prone to violence, impulsivity, paranoia and anxiety
Co-occurring Disorders

- **Emotional Withdrawal Symptoms** - anxiety, irritability, depression, insomnia, restlessness

- **Physical withdrawal symptoms** - sweating, racing heart, palpitations, problems breathing, seizures, tremors, nausea/vomiting/diarrhea, disorientation, hallucinations, delirium tremens
Dementia, Delirium, and other Cognitive Disorders

Symptoms

- Memory problems
- Confabulations
- Impaired thinking
- Impaired Judgment

Symptoms in Jail

- Poor memory and may not follow directions
Dementia, Delirium, and other Cognitive Disorders

**Delirium**

- **Reduced awareness:** poor focus, distractibility, withdrawn
- **Poor thinking skills:** impaired memory, disorientation, problems speaking or recalling words, rambling, trouble understanding speech
- **Behavior changes:** hallucinations, agitation, moaning, lethargy, disturbed sleep
- **Emotional Disturbance:** anxiety, depression, irritability, euphoria, personality changes
Dementia, Delirium, and other Cognitive Disorders

**Dementia**

- Progressive decline in memory and other thinking skills
- Minor symptoms that gradually worsen over time
- Maintains alertness in early stages
- Memory and thinking skills generally constant throughout the day
Dementia, Delirium, and other Cognitive Disorders

**Delirium**
- Rapid onset
- Focus and ability to maintain attention significantly impaired
- Memory and thinking skills can fluctuate significantly and frequently throughout the day
Dementia, Delirium, and other Cognitive Disorders

**Excited Delirium**

- Psychotic, confused, paranoia, violence, sweating, hyperthermia, insensitivity to pain, dilated pupils, rapid breathing, respiratory arrest, death
- Avoid physical restraints when possible, or monitor extremely closely
- Chemical sedation can be life saving
Neurodevelopmental Disorders

**Symptoms**

- Poor adaptive functioning from birth
- Related to intelligence, not thoughts, feelings and behaviors
- Speech difficulties
  - Limited response/understanding
  - Difficulty describing facts

**Symptoms in Jail**

- Not to be confused with mental illness
- Requires patience
Neurodevelopmental Disorders

**Symptoms**

- Poor adaptive functioning from birth
- Related to intelligence, not thoughts, feelings and behaviors
- **Social Behavior**
  - Eager to please, easily influenced by others
  - Non-age appropriate behavior
  - Easily frustrated or aggressive in response to questioning
- **Speech difficulties**
  - Limited response/understanding
  - Difficulty describing facts
Suicide
Suicide and Jails

- Leading cause of death in county jails in the US
- Suicide rate 3x general population
- 3rd leading cause of death in state/federal prisons
- Many suicidal inmates have no psychiatric illness and present no warning signs.
- Correctional officers have a suicide rate up to twice the general population
Jails and Suicide

- Loss of control over future
- Isolation
- Shame
- Dehumanizing

- Fears
- Misunderstand symptoms
### COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Corrections

Ask questions that are in bold and underlined.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td><strong>1) Have you wished you were dead or wished you could go to sleep and not wake up?</strong></td>
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<td><strong>2) Have you had any actual thoughts of killing yourself?</strong></td>
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<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</td>
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<td><strong>3) Have you been thinking about how you might do this?</strong></td>
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<td>e.g. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.”</td>
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<td><strong>4) Have you had these thoughts and had some intention of acting on them?</strong></td>
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<td>as opposed to “I have the thoughts but I definitely will not do anything about them”</td>
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<td><strong>5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</strong></td>
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<td><strong>6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?</strong></td>
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<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
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<td>If YES, ask: <strong>Was this within the past 3 months?</strong></td>
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C-SSRS Response Protocol

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Same Day Behavioral Health Evaluation, Consider Suicide Precautions
- Item 4 Immediate Suicide Precautions
- Item 5 Immediate Suicide Precautions
- Item 6 Over 3 months ago: Same Day Behavioral Health Evaluation, Consider Suicide Precautions
- Item 6 3 months ago or less: Immediate Suicide Precautions
References

- http://schizophrenia.com/suicide.html
- Course 4900: http://www.tcole.texas.gov/content/course-curriculum-materials-and-updates-0