

# 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- ▶ Mood: sad, euphoric, poverty of speech, withdrawn, panic, nervous, pressured speech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

# Schizophrenia and Psychotic Disorders

## 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

# Post Traumatic Stress Disorder

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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

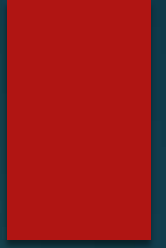
# Neurodevelopmental Disorders

## *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 3 x general population
- ▶ 3<sup>rd</sup> 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.	Past month	
Ask Questions 1 and 2	YES	NO
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
2) <b><u>Have you had any actual thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
<b><u>3) Have you been thinking about how you might do this?</u></b>  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."		
<b><u>4) Have you had these thoughts and had some intention of acting on them?</u></b>  as opposed to "I have the thoughts but I definitely will not do anything about them."		
<b><u>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?</u></b>		
<b><u>6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b>  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.  If YES, ask: <i>Was this within the past 3 months?</i>	<b>Lifetime</b>	
	<b>Past 3 Months</b>	

# 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>
- ▶ Ray Sabbatine. Presentation: Understanding Mental Illness – a Review of the Disorders.  
<https://dbhdid.ky.gov/dbh/documents/commission/UnderstandingMI.ppt>
- ▶ Columbia Suicide Severity Rating Scales.  
<http://cssrs.columbia.edu/the-columbia-scale-cssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english>