

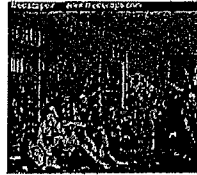
CITIZENS WITH SPECIAL NEEDS- MENTAL ILLNESS

- DEINSTITUTIONALIZATION
- MI & THE JUSTICE SYSTEM
- PSYCHIATRIC DISORDERS
- VIOLENCE AND MENTAL ILLNESS
- CRISIS INTERVENTION
- PSYCHIATRIC FOLLOW UP

Keep an Open Mind Video

ASYLUMS

- BEDLAM



Early Treatment Video

Early Treatment of Mental Disorders

Courtesy: History of Medicine Division,
National Library of Medicine

Lobotomy Video



STATISTICS (Mental Health)

- US, STATE & COUNTY PSYCHIATRIC HOSPITALS
- 1950 - 592,853
- 1970 - 432,520
- 1980 - 162,093
- 2003 - < 80,000
- 2013 - < 60,000

MENTAL HEALTH STATISTICS (CONT.)

- In 1955 there were 340 public psychiatric beds available per 100,00 people
- By 2005 the number dropped to 17 per 100,000

Treatment Advocacy Center, 2008

STATISTICS

(Criminal Justice) (2003)

- 2.1 million Americans incarcerated
 - 1 in 5 with serious mental illness
- "Jails and prisons have become the nations default mental health system"*
- "The level of illness ...has been growing more severe in the past few years"*

Sunday New York Times, April 23, 2006

- "Study found that prison compounds the problems of the mentally ill, who may have trouble following the everyday discipline of prison life, like standing in line for a meal"
- *Some exhibit their illness through disruptive behavior, belligerence, aggression and violence"*

Sunday New York Times, April 23, 2006

COMPETENCE TO STAND TRIAL



- Understanding charges
- Basic understanding of court proceedings
- Ability to assist in one's defense
- Restoration to Competency

NOT GUILTY BY REASON OF INSANITY

- < 1/2 of 1% of all cases
- Unable to understand wrongfulness or to control conduct due to MI or MR
- In CT will be under jurisdiction of PSRB



NGRI Video

JAIL DIVERSION

- Alternative to incarceration
- Minor Offenses
- Mental Illness
- Appropriate dispositions
- Police and Judicial training



WHAT is MENTAL ILLNESS?

A Disturbance in:

- Thought
 - Emotion
 - Behavior
- MENTAL ILLNESS takes away CONTROL of Behavior and Choices

What Causes Mental Illness?

- Genetics
- Trauma
- Medical Illness
- Medication
- Substance Abuse

MI Video-Psychotic Experience



Types of Mental ILLNESS

- Disturbance of THOUGHTS
- Most severe
- Break with REALITY
- Confusion between thoughts & reality
- Usually requires medications
- Schizophrenia, Paranoia, other psychoses

Characteristics of Thought D/O

- *Hallucinations* : Brain sensations experienced as real
- *Delusions* : Fixed false beliefs that others don't believe to be true & interferes with functioning
- *Speech Irregularities* : Clanging, echolalia
- *Delusions of Reference* : over-interpretation of common events

Emotional Disorders

- Most Common Disorders
- Extreme emotions of sadness and euphoria – either alone or together
- Emotions interfere with life
- Risk of Suicide
- Examples: Depression and Bipolar illness

Behavioral Control D/O

- Often begin in childhood (as ADHD)
- IMPULSIVE (act w/o thinking)
- Behavior often accompanied by ANGER
- Examples: ADHD, Explosive D/O, Sexual deviance

SCHIZOPHRENIA

- DELUSIONS
- HALLUCINATIONS
- DISORGANIZED SPEECH
- GROSSLY DISORGANIZED OR CATATONIC BEHAVIOR
- NEGATIVE SYMPTOMS
- Approx 1-2% of population

PARANOIA

- MAY BE PRESENT ALONE OR WITH ANOTHER DISORDER
- MAY READ HIDDEN MEANING
- MAY BE SUSPICIOUS OF OTHERS
- OFTEN ON THE DEFENSIVE
- DELUSIONS MAY BE GRANDIOSE OR PRESECUTORY
- TIME AND REALITY MAY BE DISTORTED

MANIA

- GRANDIOSITY
- DECREASED NEED FOR SLEEP
- PRESSURED SPEECH
- RACING THOUGHTS
- DISTRACTIBILITY
- PSYCHOMOTOR AGITATION
- LOSS OF INHIBITION

ANXIETY DISORDERS

- PANIC ATTACKS
- AGORAPHOBIA
- OCD
- PTSD
- GENERALIZED ANXIETY
- WITH PANIC DISORDER THERE IS AN INCREASED RISK OF SUICIDE

SEXUAL DISORDERS

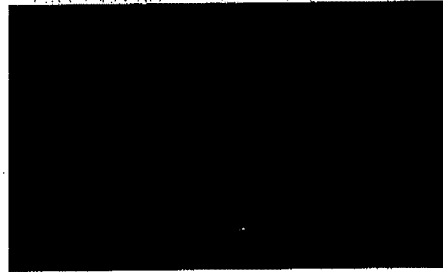
- **Pedophilia:** Sexual activity with a child, usually 13 years or younger, or in the case of an adolescent, 5 years younger than the pedophile.
- **Voyeurism:** Sexual fantasies urges or behaviors involving observing an unknowing and non-consenting person, usually unclothed and/or engaged in sexual activity, to produce sexual excitement.
- **Exhibitionism:** Sexual fantasies, urges, or behaviors involving surprise exposure of the individuals genitals to a stranger.

Depression & Suicide

Sx of Depression

- Depressed Mood
- Loss of Interest or Pleasure
- Significant Weight Change
- Insomnia or Hypersomnia
- Poor Concentration
- Fatigue
- Feelings of Worthlessness or guilt

Terry Wise Video



Police, Depression & Suicide

Reasons for Police Suicide

- Legal Trouble - 15%
- Relationships - 32%
- Stress - 11%
- Critical Incident - 6%
- Illness - 3%
- Financial - 7%
- Psychological - 12%



Primary Factors in Police Suicide

- Divorce
- Use of Alcohol (not alcoholism)
- Depression
- Failure to get help (most officers who committed suicide never sought counseling)

Warning Signs

- Clinical Depression
- Significant personal loss
- Drug or Alcohol abuse
- Previous Suicide attempts
- A marked negative change in behavior
- Anniversary reactions
- Reckless behaviors



Stress, PTSD & Suicide

- PTSD coupled w/ alcohol abuse = 10 x risk of suicide
- PTSD due to witnessing death, devastation, abused children = over 3x risk
- PTSD witnessing homicide of another officer = 2.5 x risk

Badge of Life Video

Citizens & Depression/Suicide

Reasons for Suicide

- | | |
|----------------------|-----------------------------|
| • <u>Recent Loss</u> | • Ending "Pain" |
| • Poor Health | • No way out |
| • Financial problems | • Shame |
| • Depression | • "Join" deceased loved one |

Adult Depression & Warning Signs

- Similar symptoms : Mood and lethargy usually very noticeable
- History of gestures/attempts
- Obvious guilt or shame
- Sudden, unexplainable relief from depression

Youth Warning Signs

- Increase in moodiness, withdrawl, isolation
- Sudden drop in school grades, performance
- Decrease in interests, activities
- Giving away possessions
- Saying good-bye or hinting about not being around in the future

Risk Factors for Suicide (All)

- Family History
- Depression
- Male
- Young adult or senior
- History of prior attempts or threats

Protective Factors

- Effective clinical care for depression, MI
- Family & community supports
- Skills in problem solving, conflict resolution & non-violent ways of handling disputes
- Cultural & religious beliefs that discourage suicide & support self preservation

Bullying, Etc....

- New "epidemic" of suicides blamed on
- Bullying
- "Social Networking" (facebook, etc)
- Texting

CRISIS AND DEPRESSION

- Can be unpredictable and dangerous
- Person often has trouble making decisions
- Negotiator must be firm & manipulative
- You can try to talk about other topics to divert their attention
- LISTEN ! Don't Rush!

Issues when responding

- Weapons ?
- Age
- Location
- Present situation
- Who is involved ?
- Psychiatric Hx ?
- Medications?
- Prior attempts ?
- Recent Hx
- Suicide by cop

BORDERLINE PERSONALITY DISORDER

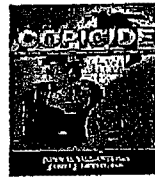
- Unstable mood
- Unstable relationships
- Intense anger
- Self-destructive behavior
- Impulsivity
- Feelings of emptiness

Borderline

- You are either good or bad – no GRAY areas
- Often self mutilate!
- Sometimes for attention
- Sometimes to “feel”
- Scene will have lots of DRAMA

Suicide by Cop

- Victim Precipitated Homicide



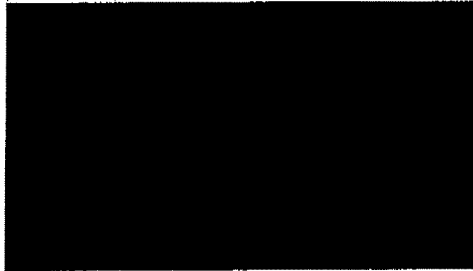
Suicide by Cop

- Police can be confronted in a calculated & deliberate manner by people suffering from one, or combination of suicidal tendencies, mental illness and substance abuse
- Victims may cause or contribute to a police shooting intentionally or unintentionally

....More

- Subject may call 911 to dispatch officers
- In most cases subject refuses to drop weapon
- May act in a threatening manner
- May act dangerously in front of police

Suicide by Cop Video



Mental Retardation- Cognitive Deficits

Characteristics of MR

- Increased anxiety, impulsivity, volatility
- Difficulty following directions
- Decreased ability to problem solve and increased efforts to use force

Strategies with MR

- Reassurance and calm approach
- **SIMPLE** instructions : one command at a time & repeat questions, reinforce answers
- Praise cooperation
- Remove distractions

TBI's or Advanced Age

- Impaired Processing:
Easily over stimulated
Slow to respond
Confusion
"Word finding" difficulty
- * Emotional volatility : get upset easily, exaggerated responses

Strategies for TBI's, Elderly

- Make eye contact
- Speak **SLOW & SOFT** (not exaggerated)
- Ask about hearing - "Can you hear me all right?"
- **WAIT** for a response
- Don't **TOUCH** without letting them know
- Be prepared for **ANYTHING!**

Alzheimer's Video



Autism Spectrum

- Autism crosses all racial, geographic and socio-economic boundaries
- Affects more males than females (4:1)
- Current incidence is approximately 1 in 150 births – and rising!
- 10/6/09 – 1 in every 100 births
- Can be found in all age groups

More on Autism

- Autism is NOT caused by
 - Poor parenting
 - Environmental Trauma
- Autism is NOT the same as MR
- People affected are diverse & can grow & change over time (spectrum disorder)

Also.....

- Echolalia common (repeating what you just said) – not meant to annoy you
- May appear “rude” or “arrogant”
- Inability to read body language
- Eye contact varies widely
- May be hypersensitive or hyposensitive
- Repetitive words or behavior to calm down

Important for Police Officer?

- People w/ developmental disabilities are 7 times more likely to come in contact w/ Law Enforcement
- People w/ autism Act & React in unexpected ways
- High percentage w/ autism are children – they will grow up!

Likely Scenarios

- Elopement : bolting or wandering toward something. May want to be rescued
- Domestic Calls – behavior out of control
- Victim of Bullying or scapegoating (community, schools may call)
- Suspected shoplifting
- Trespassing
- Voyeurism, stalking

Autism Impacts

- Language skills
- Almost 50% non-verbal
- Use alternate means to communicate (signing, picture cards)
- Receptive and expressive skills unequal
- Speech may be peculiar in pitch, rhythm
- Often take things "literally"

Handling Situations

- Reduce sensory overload
- Do not rush- if possible allow the person to de-escalate themselves
- Avoid physical contact
- Use short, clear sentences (1 step directions)
- Avoid slang or figurative language

Also.....

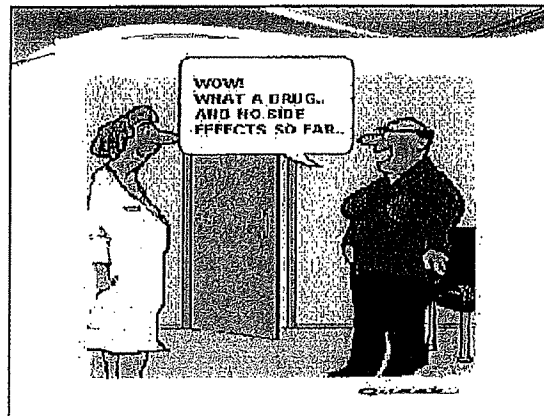
- Provide time waiting for responses (some may need as much as 45 seconds to process a question or request)
- They often give false confessions
- High distractibility
- Self injurious behaviors
- Seemingly irrelevant responses

Medication compliance



Why don't people take their meds?

- It is easy to forget
- In fact 1/3 of general population take meds as prescribed
- 1/3 don't even get the script filled
- Another 1/3 take incorrectly or not completely

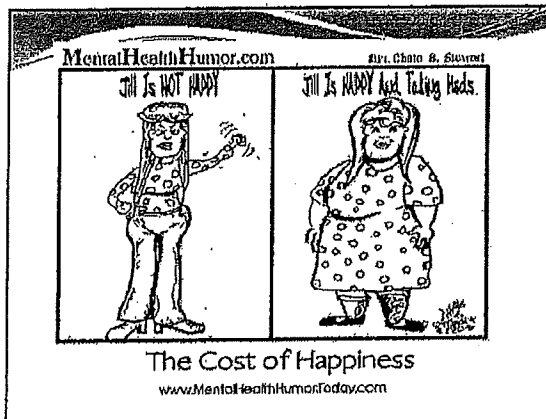


Side effects

- Sedation
- Blurry vision
- Drooling
- Slurred speech
- Stiffness in arms & legs
- tremors

More.....

- Hair loss
- Acne
- Dry mouth
- Constipation
- Stomach upset/nausea
- Diarrhea
- Weight gain



OUTPATIENT COMMITMENT

- Mental health law allowing court-ordered community-based treatment of individuals with mental illness
- 35 states and the District of Columbia have a form of outpatient commitment
- CT is one of the states that does not
- Concerns include: civil liberties, liability, Non-compliance and criteria that are too restrictive

Alternatives to Outpatient Commitment

- Conditional Release is widely used in New Hampshire
- Jail Diversion, Probation and Parole
- California uses conservatorship/guardianship
- Within many states availability varies considerably by locale

Substance & Alcohol

Drunk Video



Dilated

- Stimulants

- Cocaine
- Crack
- Meth

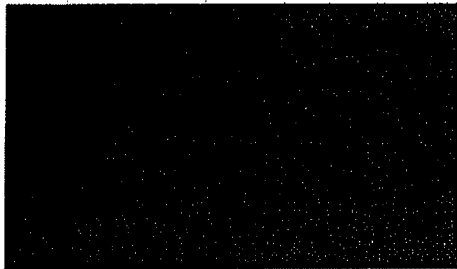
Stupid Video

Pinpoint Pupils

- Depressants

- Heroin
- Opiates

Excited Delirium Video



VIOLENCE

WHAT ARE THE RISK FACTORS?

VIOLENCE AND MENTAL ILLNESS

- **MYTH:** PERSONS WITH MENTAL ILLNESS ARE MORE VIOLENT THAN THE GENERAL POPULATION
- **FACT:** WHEN TREATED, PERSONS WITH MENTAL ILLNESS EXHIBIT APPROXIMATELY THE SAME LEVEL OF VIOLENCE AS THE GENERAL POPULATION

Violence & MI - Video



GENERAL RISK FACTORS FOR VIOLENCE

- History
- Gender
- Age
- IQ- 85 and below
- Socioeconomic status
- Psychopathy
- **SUBSTANCE ABUSE**

VIOLENCE AND MENTAL ILLNESS

- **SUBSTANCE ABUSE**
- **NON-COMPLIANCE WITH MEDS**
- **COMMAND HALLUCINATIONS**
- **PARANOIA (with TCO)**
- **DEPRESSION**

MENTAL ILLNESS & HOMICIDE

- Approximately 95% of all homicides committed each year are by people who DO NOT have a mental illness
- A person without a mental illness is 400% more likely to commit a homicide than one with a mental illness
- A person with schizophrenia is 100 X more likely to commit suicide than homicide

WRAPPING UP

CIT

- Crisis Intervention Team
- Collaboration between DMHAS & Police
- Police receive 40 hours special training
- Referral Mailbox in Records Room
- Leave info there or call
- Cell Phone: 203-521-0089

CIT Video

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CIT Video