

## Mental Health 101 for Magistrates

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## Agenda

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- ❖ What is a brain disorder?
  
- ❖ Understanding risk factors
  - Obtaining critical information
  - Understanding what it means
  
- ❖ Understanding the petitioners

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## Mental Illness & Addiction

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How bad is it?

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## Health Care Impacts



- 1 in 4 Americans lives with a diagnosable mental illness.
- Mental health and addictive disorders are the leading cause of combined death and disability for women & the second leading cause for men.
- About 6 percent of all hospital ED visits reflect mental health emergencies.
- 21% of persons in all hospital beds, at any one time, are there because of mental illness.

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Americans with serious mental illnesses die – on average – 25 years earlier than the general population, mainly due to untreated health conditions.

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## Impacts on Law Enforcement & the Criminal Justice Systems



- People with Mental Illness are:
  - more likely to be arrested in encounters with law enforcement
  - face more serious charges than other people with similar crimes
  - are sentenced more severely than other people with similar crimes
  - spend 2 - 5 times longer in jail due to an inability to understand or adapt to rules




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Up to **64%** of local jail inmates have mental health problems.

About **24%** are diagnosed with a severe and persistent mental illness.

**6 -10%** of the prison population has mental retardation.

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About three quarters of youth in the juvenile justice system report mental health problems and one in five has a serious mental disorder.




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## The Original MH Reform




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150+ years later.....



The Los Angeles County Jail holds more psychiatric consumers at any given time than any other institution in the country.

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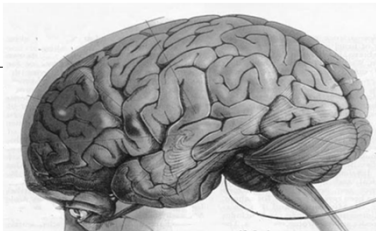
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A quick review of brain disorders




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## Brain Disorders



### Mental Illness

Mood Disorders  
Thought (Psychotic) Disorders  
Anxiety Disorders  
Personality Disorders

### Substance Related Disorders

Abuse  
Dependence

### Cognitive Disorders

Intellectual/Developmental Disabilities  
Dementias  
Acquired/Traumatic Brain Injuries

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## Mood Disorders



### Major Depressive Disorder

- Symptoms have been present for at least 2 weeks
- Feels sad/empty/worthless
- Tearful
- Irritable
- Does not feel pleasure in usual pleasurable activities
- Weight loss or gain
- Can't sleep or sleeps too much
- Fatigue or loss of energy
- Impaired concentration and thinking
- Recurrent thoughts of death

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## Bipolar Disorder



### Depression

- Feels sad/empty/worthless
- Tearful
- Irritable
- Does not feel pleasure in usual pleasurable activities
- Weight loss or gain
- Can't sleep or sleeps too much
- Fatigue or loss of energy
- Impaired concentration and thinking
- Recurrent thoughts of death

### Mania

- Period of abnormally elevated, expansive, or irritable mood; lasting at least 1 week
- Inflated self esteem, grandiosity
  - Decreased need for sleep
  - Accelerated thinking & talking
  - Flight of ideas
  - Distractible
  - Increase in goal-directed activity
  - Excessive involvement in pleasurable activities
  - Extreme risk taking behavior

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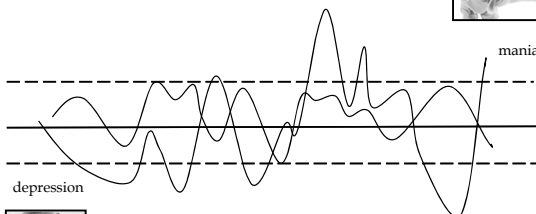
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depression



mania




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## Thought Disorders

Symptoms of schizophrenia and related disorders



- Hallucinations
- Delusions and Illusions/misperceptions
- Disordered thinking: Illogical, Tangential, Blocking, Slowed
- Inability to start or maintain conversations
- Inability to show feelings (flat affect)
- Minimal self care and grooming
- Impaired attention span and concentration
- Memory problems



Mindstorm clip

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## Substance Related Disorders



- Substance abuse
  - pattern of use of alcohol, medication, or street drug resulting in repeated adverse social consequences such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems
- Substance dependence
  - Compulsive and repetitive use
  - Tolerance
  - Withdrawal symptoms




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## Substance Related Disorders



- 22.3 million individuals (12 and older) diagnosed with substance dependence or abuse (2007)
- Only 3.9 million persons age 12 or older received treatment or participated in self-help
- Approximately, \$21 billion was spent in 2003 on the treatment of substance use disorders – only 1.3 percent of all health care spending

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## Costs of Addictive Disorders



- ◆ Individuals with untreated substance abuse are more likely to appear in other systems,
  - including child welfare, criminal justice, emergency rooms, hospitals and primary care settings
- ◆ Estimated annual costs of \$184.6 billion for alcohol abuse and \$143 billion for drug abuse.
  - medical costs associated with alcohol and drug abuse, lost earnings linked to premature death, lost productivity, motor vehicle crashes, crime
- ◆ Untreated alcoholics incur general health care costs at least 100 percent higher than those of non-alcoholics.

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## Treatment Works



One year post-treatment clients reported:

- ◆ a 50 percent decrease in drug and alcohol use
- ◆ a 19 percent increase in employment and income
- ◆ a 80 percent decrease in criminal activity
- ◆ a 43 percent decrease in homelessness
- ◆ a 53 percent decrease in alcohol/drug related medical visits
- ◆ a 56 percent decrease in sexual encounters for money or drugs
- ◆ a 50 percent decrease in days lost to illness, sickness claims, and hospitalizations

Outcomes for substance use treatment are as effective as outcomes for other chronic diseases.

Disease	Adherence	Relapse
Hypertension	Less than 60%	50 - 60%
Diabetes	Less than 50%	30 - 50%
Asthma	Less than 30%	60 - 80%
Substance Use Treatment	30 - 50%	50 - 60%

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## Risk Factors



**Identifying the top 10 questions a magistrate should consider in an IVC proceeding**

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## Danger to Self

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## Facts About Suicide

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- Suicide is the 9th leading cause of death.
- The highest rate of suicide is for persons over the age of 65.
- Suicide by firearm is the most common method for both men and women, accounting for 61 % of all suicides.
- 80% of the individuals who attempt or commit suicide DO give some indication of their impending action.
- More than 30,000 Americans die by suicide each year and more than 90% of those have a mental illness or addictive disorder.

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## Suicide Risk Factors

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- Family history of mental illness or substance abuse disorder
- Family history of suicide
- Family violence including physical, emotional, and sexual abuse
- Recent or perceived loss (not just death) of a friend, family member, pet, or a breakup of a relationship.



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## Suicide Risk Factors



- Firearms in the home
- Incarceration
- Exposure to the suicide of others, including family, peers and/or media news or fiction (The closer the relative, the greater the risk)
- Acute intoxication

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## Psychosis as a Risk Factor



- Psychosis should be considered a potentially major suicide factor, because rational thought often acts as the final obstacle to self-destruction
- Any evidence of psychosis warrants a thorough evaluation of lethality
  - Command hallucinations
  - Feelings of alien control
  - Religious preoccupation

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## Substance Abuse and Suicidality



- There is an increased suicide risk among individuals who abuse substances.
  - For example, the suicide rate for persons who are heroin dependent is about 20 times the rate for the general population.
- Among completed suicides in persons under age 30, the majority had a principal diagnosis of substance abuse.
- More than 90% of suicidal, intoxicated individuals are no longer suicidal upon reaching sobriety.

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## Suicide Warning Signs



- A change in habits (sleeping, eating, studying, activity level, sexual activity, job)
- Giving away prized possessions
- Increase in drug or alcohol abuse
- Depression
- Talking about suicide or threats to commit suicide (implied or explicit)
- Cutting off friendships -- isolation

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## More warning signs



- Reckless/thrill-seeking behavior
- Expressing helplessness or an "I don't care" attitude
- Feeling life is less meaningful, hopeless
- Preoccupation with death
- Making arrangements, setting one's affairs in order
- Command hallucinations

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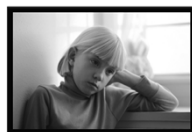
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- As many as one in eight teens and one in 33 children have clinical depression.
- Suicide is the second leading cause of death among adolescents.




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## Risk Factors for Adolescents



- Include all of the factors present for adults
- Additional factors include:
  - Immature brain
    - Inability to see beyond the moment
    - "I'm going to live forever" thinking increases risk-taking behavior.
  - Public humiliation or denigration by peers.

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Depression in elders accounts for a majority of suicidal ideation, inpatient admissions, medical outpatient visits, emergency room use, and medical co-morbidity.

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## Risk Factors for the Elderly



- Elderly persons have a higher risk for suicide than any other population
- 1/3 of elderly persons report loneliness as the principal reason for considering suicide
- 10% of elderly with suicidal ideation report financial problems, poor medical health, or depression as reasons for suicidal thoughts
- Most elderly persons who commit suicide communicate their suicidal thoughts to family or friends prior to the act of suicide

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## Danger to Others



Danger to others

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## Danger and Mental Illness



- ✦ Dangerousness is typically a temporary state along a continuum from low to high risk
- ✦ The best predictor of future behavior is past behavior:  
**A history of violence is the #1 risk factor**

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## Risk factors and Violence



- ✦ Degree of desperation and/or despair
- ✦ Recent losses: perceived or real
- ✦ Active psychosis, especially paranoid delusions
- ✦ Degree of organization of the plan
- ✦ Young age < 30
- ✦ Anger
- ✦ Impulsivity
- ✦ Traumatic Brain Injury
- ✦ Active intoxication
- ✦ Concern by significant others (petitioner) that the person will follow through on the threat

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## Violence and Mental Illness



- ✦ "Research has shown that the vast majority of people who are violent do not suffer from mental illnesses (American Psychiatric Association, 1994)."
- ✦ "... the absolute risk of violence among the mentally ill as a group is still very small and ... only a small proportion of the violence in our society can be attributed to persons who are mentally ill (Mulvey, 1994)."
- ✦ People with psychiatric disabilities are far more likely to be victims than perpetrators of violent crime (Appleby, et al., 2001). Researchers at North Carolina State University and Duke University found that people with severe mental illnesses, schizophrenia, bipolar disorder or psychosis, are 2 ½ times more likely to be attacked, raped or mugged than the general population (Hiday, et al., 1999).

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## The top 10 questions a magistrate should consider in an IVC proceeding



1. Is he on medications and taking them?
2. Has she been in mental health treatment in the past?
3. What kind of recent stressors has he had? (job loss, relationship changes, bereavement, etc.)
4. What changes in behavior have you noticed? (sleep, appetite, schedule changes, etc.)
5. Has he ever attempted to hurt himself in the past?
6. Has she ever attempted to hurt anyone else in the past?
7. Does he have the means to harm himself or others?
8. Is she hearing voices or seeing things that no one else sees?
9. How much is he drinking or using other drugs?
10. What's different today?

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## Understanding the petitioner



**Crisis responses  
and  
the role of stigma**

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## Crisis provokes a set of responses



- Heightened emotions
  - Overwhelmed, helpless, abandoned, anxious
- Physiological arousal
  - Increased heart rate and blood pressure
  - Classic “fight or flight” response
- Cognitive
  - Impaired problem solving ability, diminished ability to use normal coping mechanisms

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## cri sis (krss)



1. A crucial or decisive point or situation; a turning point.
2. A sudden change in the course of a disease or fever, toward either improvement or deterioration.
3. **An emotionally stressful event or traumatic change in a person's life.**
4. An unstable condition, as in political, social, or economic affairs, involving an impending abrupt or decisive change.
5. A point in a story or drama when a conflict reaches its highest tension and must be resolved.

Source: The American Heritage® Dictionary of the English Language, Fourth Edition  
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## The Role of Stigma



Stigma:

- ✦ Labeling someone with a condition
- ✦ Stereotyping people with that condition
- ✦ Creating a division — a superior "us" group and a devalued "them" group, resulting in loss of status in the community
- ✦ Discriminating against someone on the basis of their label

[youtube-Stigma](#)

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## The Role of Stigma in the Petition Process



Mental Illnesses and Addictive Disorders are Family Illnesses

- Guilt, Embarrassment, and Shame
- Losses and Sacrifices
- Denial and Enabling




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“He’s here every other week.”



Bogus petitions, frequent flyers, group home dumps, and kids who should have their you-know-whats tanned

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## Every visit is a NEW event



- Never say “Never”, never say “Always”
- Use history to inform the current decision, not to make the current decision
- Look for what’s different this time
- Listen for the facts

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“Even if she gets committed  
the hospital won’t keep her  
long enough to do any good.”



**Assisting people in crisis  
through a system in crisis**

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## Assisting people in crisis through a system in crisis



- The system’s failures are not your failures.
  - There can be value in repeated petitions
    - The consumer is put in front of a clinician who can work to engage him—involuntarily or voluntarily
    - You and the clinician get another opportunity to educate the petitioner
- Provide a list of alternative resources to the petitioner.
  - Mobile Crisis Team
  - Walk-in Crisis Centers
  - Access Center number for your Local Management Entity

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Some Thoughts about Mental Illness and  
the Involuntary Commitment Process



- Complicated, frustrating, and difficult to navigate
- A unique partnership between the legal system, the mental health system, the health care system, and law enforcement
- The IVC process can save lives.

**Thank you for being the gatekeepers  
to a life-saving process!**

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