Signs and Symptoms of Serious Mental Illness

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Diagnostic and Statistical Manual (DSM) Axis I Disorders

- "State" disorders
- Mental disorders

- Clinically significant behavioral or psychological pattern
- Associated with *distress*, *disability*, or significantly increased risk of death, pain, loss of freedom
- *Impairment* in social, educational, or occupational functioning

- Examples:
  - Schizophrenia-spectrum Disorders
  - Mood Disorders
  - Anxiety Disorders
  - Substance Use Disorders
  - Dissociative Disorders
  - Sexual Disorders (e.g., paraphilias)

- Medications are often helpful to alleviate/reduce symptoms

Schizophrenia / Psychosis

Schizophrenia / Psychosis

- Primarily, disturbance of thought and perception (and, secondarily, behavior and mood)
  - Loss of touch with reality
  - aka “Thought” or “Psychotic” Disorder
- Examples of Disorders
  - Schizophrenia, Schizoaffective Disorder
    - Tends to emerge in the 20’s
    - ~1% of general population

Schizophrenia / Psychosis (cont.)

- 3 categories of symptoms:
  - Positive Symptoms
  - Negative Symptoms
  - Symptoms of Disorganization

Positive Symptoms

- Positive Symptoms – presence / addition of a behavior or experience that does not occur during normal functioning
  - *Hallucinations:* false sensory perceptions
  - *Delusions:* false beliefs that are held despite impossibility

Positive Symptoms: Hallucinations

- *Hallucinations:* false sensory perceptions

Type	**%**
Auditory	75%
Voices commenting	58%
Voices conversing	57%
Visual	49%
Tactile	20%
Olfactory & Gustatory	6%

Positive Symptoms: Delusions

- *Delusions:* false beliefs that are held despite impossibility
- Common Delusions
  - **Paranoid / Persecutory Delusions –** belief that one is being plotted or discriminated against, spied on, threatened, attacked, or victimized
    - **Ideas / Delusions of Reference** – attaching special and personal meaning to the actions of others, or to objects or events.

Positive Symptoms: Delusions (cont.)

- Common Delusions
  - **Delusions of Control** – belief that one's feelings, thoughts, and/or actions are being controlled (inserted, withdrawn, broadcast) by another
  - **Delusions of Grandeur** – belief that one is important because of significant wealth, special ability (e.g., extrasensory perception), having influential friends/job (e.g., CIA), etc.
  - **Religious Delusions** – belief that one is a religious figure (e.g., God, the devil, has a special relationship to God, is on a mission

Positive Symptoms: Delusions (cont.)

Type	%	Type	%
Paranoid/Persecutory	81	Grandeur	39
Delusions of Reference	49	Religious	31
Delusions of Mind Reading	48	Thought Insertion	31
Delusions of Control	46	Thought Withdrawal	27
		Thought Broadcasting	23

Positive Symptoms: Delusions (cont.)

- **Threat/Control-Override (TCO)** – belief that one is in danger (*threat*) and that thoughts, behaviors, feelings are being controlled by mysterious, unseen, external forces beyond their control (*control override*)
  - This combination of delusions is relatively uncommon, BUT no solid numbers
  - Some research (Link, Stueve, & Phelan, 1998) associates TCO delusions with violence

Symptoms of Disorganization

- Disorganized Thought / Speech (aka “formal” thought disorder, incoherence)
  - **Derailment or loose associations** – slip off track from one topic to another
  - **Tangentiality** – answering questions in an unrelated manner
  - Speech can become so disorganized as to be **word salad**

Symptoms of Disorganization (cont.)

- Disorganized Behavior
  - Difficulties performing even most basic activities of daily living (ADLs – hygiene)
  - Unpredictable agitation and/or flailing
  - Catatonia (marked decrease in reactivity to the environment)

Symptoms of Disorganization (cont.)

- Disorganized Emotion / Affect
  - Inappropriate affect
    - Smiling/laughing inappropriately
    - Crying for no apparent reason
  - Unexplained irritability/hostility

Negative Symptoms

- Negative Symptoms – absence or deficiency of a behavior or experience that usually occurs during normal functioning
  - Social withdrawal or inappropriate social behavior
  - Flat, blunted emotional responses
  - Lack of motivation
  - Lack of insight (aka *anosagnosia*) – inability to recognize their symptoms even when pointed out

Detecting Psychosis

- **Positive Symptoms**
  - May openly talk about them BUT typically prefer not to
  - *Hallucinations:* May talk to someone unseen, look around the room as if seeing or hearing someone unseen, may be distracted by internal stimuli
  - *Delusions:* May talk openly about beliefs, behave in a manner consistent with distorted beliefs OR may only be uncovered if the focus of the delusion is touched upon

Detecting Psychosis (cont.)

- **Disorganized Symptoms**
  - At the least, hard to follow or understand
  - At the most severe, incoherent
  - Hardest to fake and to *keep up*!
- **Negative Symptoms**
  - Most likely to go undetected
    - NOT “squeaky wheels”
  - May just seem like a quiet or unconcerned inmate

Schizophrenia Case Example

Psychiatric Treatment of Psychosis

- Older, “typical” antipsychotics
  - *Examples:* Haldol, Thorazine, Mellaril, Prolixin
  - Severe side effects:
    - *Extrapyramidal* side (EPS) effects – tremors, shaking, rigidity, drooling
    - In the long term, irreversible *Tardive Dyskinesia* – involuntary movements (e.g., protruding tongue, chewing, spastic limb movements, seizures)

Psychiatric Treatment of Psychosis (cont.)

- Newer, “atypical” antipsychotics
  - *Examples:* Zyprexa, Risperdal, Seroquel, Abilify, Geodon, Clozaril, Invega
  - Fewer side effects, like EPS, BUT can develop dangerous toxic effects (agranulocytosis) AND significant weight gain

Psychiatric Treatment of Psychosis (cont.)

- In some patients, relatively severe psychosis is continuous and unrelenting
  - 10-25% experience no improvement with “typical,” older antipsychotic medications
  - 10% don’t respond to ANY treatment, including newer, “atypical” antipsychotic medications
  - 35% respond somewhat, but NOT full remission
- Poorer prognosis if left untreated
- Tendency for symptoms to evolve over time

Mood Disorders

Mood Disorders

- Primarily, disturbance of *mood* (and, secondarily, thought and behavior)
- A mood disorder exists when the individual's mood shifts more dramatically, more frequently, or lasts longer than “normal”
- NOT just the result of situational stressors

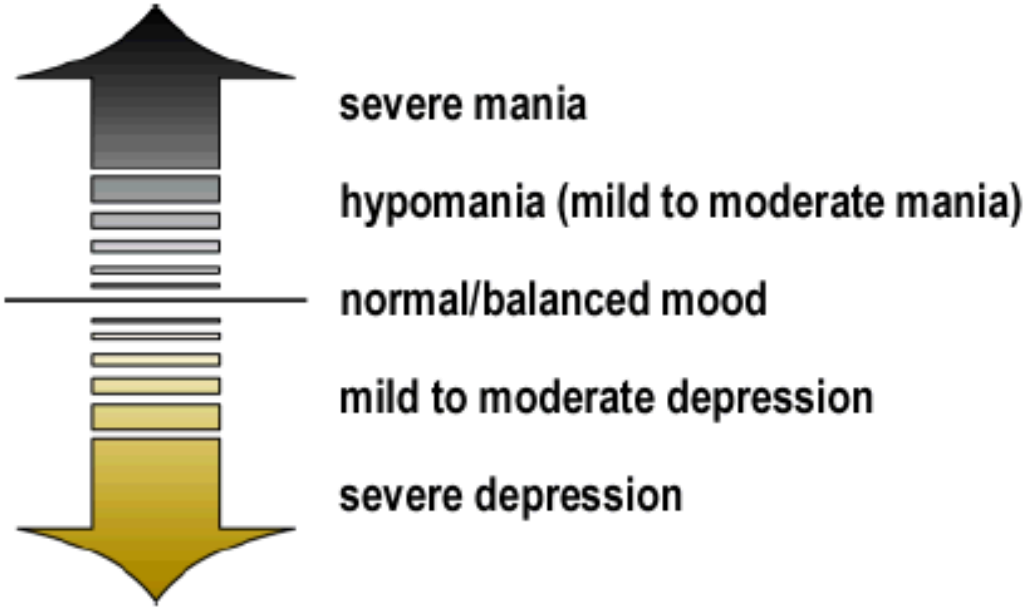
Mood States/Episodes

- ***Depression*** – characterized by persistent sadness, finding little enjoyment in life and in things that one previously enjoyed
- ***Mania*** – characterized by extreme energy, high and/or fluctuating mood

Mood States/Episodes

Symptoms	Depression	Mania
Mood	• Depressed mood *and/or* irritability • Diminished interest/pleasure in most activities • Feelings of worthlessness, guilt • Recurrent thoughts of death	• Elevated, expansive or irritable mood • Inflated self-esteem/grandiosity
Vegetative	• Increase *or* decrease in appetite • Increase *or* decrease in sleep • Lack of energy	• Decreased need for sleep, eating • Excessive energy
Behavioral	• Psychomotor agitation *or* retardation	• Psychomotor agitation • Talkativeness, pressured speech • Excessive involvement in pleasurable (and often dangerous) activities
Cognitive	• Diminished ability to think or concentrate	• Racing thoughts • Distractibility, diminished ability to think or concentrate

Mood States/Episodes



Detecting Mood Disorders

- **Depression**
  - Tearfulness, sadness, hopelessness, pessimism, miserable, “empty”
  - Subdued, quiet, withdrawn behavior
  - Slow speech and movement
  - Lack of energy and motivation
  - Like with negative symptoms of psychosis, may just seem like a quiet inmate

Detecting Mood Disorders (cont)

- **Mania**
  - Very active – e.g., moves quickly, talks rapidly and loudly, may not sleep for a couple of days and still is wide awake
  - Active, powerful emotions – usually elevated and positive, although often irritable – in search of an outlet
  - Grandiose behavior, often inappropriate sexual statements/behavior
  - May be pleasant, funny, even charming…or annoying
  - Tend to show poor judgment because feeling too good and moving too fast to consider possible pitfalls
  - Little awareness that their behavior is excessive

Detecting Mood Disorders (cont)

- Severe depression or mania can involve positive symptoms of psychosis
  - Delusions
  - Hallucinations

Bipolar Disorder Case Example

Serious Mental Illness and Crime

Serious Mental Illness & Crime

- 3 types of offenses committed by offenders with severe and persistent mental illness
  - Illegal acts that are byproducts of MI (but NOT necessarily *caused* by)
    - "Nuisance crimes"
    - Violence
  - Economic crimes to obtain money for subsistence
  - "Mercy bookings"

Serious Mental Illness & Violence

- People with serious mental illness are only slightly more likely to commit a violent crime than non-MI
- Vast majority of violence is NOT committed by people with MI
- Vast majority of people with serious mental illness are NOT violent

Serious Mental Illness & Violence (cont.)

- Certain symptoms of psychosis are risk factors for violence, some are protective
  - Risk factors
    - Threat-control override symptoms
    - Command hallucinations
  - “Protective” factors
    - Negative symptoms (e.g., social withdrawal)

Serious Mental Illness & Violence (cont.)

- They don't tend to target strangers
- Conditions that are likely to increase the risk of violence are the same *whether or not a person has MI*
  - Individuals who felt "listened to" are half as likely to behave violently
  - Co-morbid substance abuse and personality disorder significantly increase the risk of violence among people with serious mental illness

Dual Diagnosis

- aka “Co-occurring Disorders”
- Comorbid mental health disorder and substance-related disorder
  - Having a psychiatric disorder *triples* the risk of substance problems
  - 39% of alcoholics and 53% of drug abuse patients had a co-existing psychiatric disorder (Regier et al., 1990)
- This comorbidity skyrockets in jails/prisons
  - ~75% (and in some studies, up to 95%) of inmates with serious mental illness also have a substance use disorder

Dual Diagnosis

- People with MI use/abuse drugs and alcohol for a variety of reasons:
  - Self-medication from symptoms
  - Numbing from psychosocial stressors *caused by* psychiatric symptoms
  - Poor judgment
  - High need for excitement, thrills, risks
  - Addiction
  - Social influences

Effects of Substance Use on *Psychosis*

- *Depressants, alcohol, opiates:* Frequently used to try to calm delusions, disordered thinking BUT often make the person more confused, unpredictable
- *Stimulants and hallucinogens:* Apt to make symptoms much worse (e.g., paranoia, delusions, hallucinations, panic)

Effects of Substance Use on *Depression*

- *Stimulants and depressants:* Can temporarily relieve depression due to the euphoria and sense of well-being produced, BUT in the long run, they will *worsen* depression
- *Hallucinogens:* Often makes depression worse

Challenges Posed by Dually Diagnosed Offenders

- Teasing apart the effects of the mental illness vs. the effects of drugs/alcohol
- Interactions b/w medications and drugs of abuse
- Which condition is “primary” and where should the person receive help?
- High rate of relapse of both disorders
- High rate of crisis behaviors: suicide, self-injury, overdose

Personality Disorders

- EVERYONE has “personality traits”
  - Longstanding patterns of perceiving, relating to, and thinking about the world and oneself that are exhibited in a wide range of social and personal contexts
- It’s when they become inflexible, maladaptive, or disruptive that they constitute a Personality Disorder
- Not as clearly an “illness” as mood and thought disturbance

Personality Disorders

- Common Examples in Jails
  - Antisocial Personality Disorder
    - Disregards others' rights or safety, deceitful, impulsive, aggressive, irresponsibility, lack of remorse
    - aka "psychopathy" or "sociopathy"
    - 1-3% in general population, 50-66% in jails/prisons
  - Borderline Personality Disorder
    - Unstable relationships, self-image, and emotion (especially anger), impulsive, recurrent suicidal behavior
    - 2% in general population, 12% (men)-28% (women) in jail

Suicide & Mental Illness

(National Strategy for Suicide Prevention, 2007)

- Lifetime risk of suicide in mood disorders is 10-15%
  - Of people who commit suicide, ~60% have had some form of mood disorder
- Major Depression: 2-15% die by suicide
  - 30-40% of those who complete suicide had some form of major depression
  - Risk of attempted suicide increased 41X in depressed patients
- Bipolar Disorder: 3-20% die by suicide

Suicide & Mental Illness

(National Strategy for Suicide Prevention, 2007)

- Schizophrenia: 6-15% die by suicide
  - 20-40% will attempt suicide
- Personality Disorders: 3X as likely to die by suicide (as those without them)
- Substance Abuse: 40-60% of those who die by suicide are intoxicated
- Comorbid depression AND another mental illness (e.g., substance abuse, anxiety, schizophrenia, bipolar) increases risk

Suicide Risk Factors

(National Strategy for Suicide Prevention, 2007; HPRI Jails)

- Current suicidal thoughts
  - Expresses thoughts about killing self
  - Has a suicide plan and/or suicide instrument in possession
- Previous suicide attempts
  - Has previous suicide attempt (Check wrists and note method)
- Family history of suicide
  - Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, lover)

Suicide Risk Factors

(National Strategy for Suicide Prevention, 2007; HPRI Jails)

- History of / present mental disorders
  - Has psychiatric history (psychotropic medication or treatment)
  - Shows signs of depression (crying, emotional flatness)
  - Appears anxious, afraid, or angry
  - Is acting and/or talking in strange manner (cannot focus attention, hearing or seeing things not there)
- Hopelessness about the future
  - Expresses feeling there is nothing to look forward to in the future (feelings of helplessness and hopelessness)
- Recent discharge from hospital

Suicide Risk Factors

(National Strategy for Suicide Prevention, 2007; HPRI Jails)

- Substance use/abuse
  - Is apparently under the influence of alcohol or drugs
- Stressors
  - Inmate's first time in jail
  - Holds position of respect in community (professional, public official) and/or alleged crime is shocking in nature.
    - Expresses feeling of embarrassment/shame
  - Worried about major problems other than legal situation (serious illness, family illness)
  - Experienced a significant loss (loss of job, relationship, death of close family member, lover) within the last 6 months
  - Lacks close family and/or friends in the community