

Mental Illness and Intellectual Disabilities Overview

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Learning Objectives

- What are mental illnesses and intellectual disabilities, and how do they present?
- How are these disorders assessed and treated?
- Why are these disorders increasingly prevalent in the criminal justice system?

Disclaimers



"Sure, we can spend all day nitpicking specifics but aren't sweeping generalities so much more satisfying?"



Systems Approach

ODMHAS

- Mental illnesses
- Onset in adulthood
- Responds to medication

ODOD

- Intellectual disabilities
- Onset in childhood
- Responds to supportive management

***BOTH** aim to provide individualized, trauma-informed care in the least restrictive treatment setting*

Northcoast Behavioral Healthcare



- Part of ODMHAS
- One of six state psychiatric hospitals
- 258 inpatient beds, plus community support services
- **75% forensic** (admission through criminal court)







Patient Units

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STANKOWSKI

NBH Mission: Recovery



- Medication and Therapy
 - Treatment team: psychiatrist, nurse, social worker, psychologist
 - Co-morbid disorders: substance abuse, chronic medical issues, intellectual disability
- Court Reports
 - Pre-trial: 20-day evaluations for competency or sanity; competency restoration
 - “Post-trial”: Movement for NGRI acquittees or those found ISTU/CJ
 - Probate: commitment

Challenges

- Limited beds
- Increasingly complicated patients
- Psychiatry shortage

What is a Mental Illness?



Mental Illness

- *Severe* problems with:
 - Thought
 - Mood
 - Both



Mental Illness

- Symptoms: what person describes (e.g., pain)
- Signs: what others observe (e.g., grimacing)
- **Disorder** when causes subjective distress and/or impairment in functioning



Not Mental Illness

- Everyday mood/thought problems most people experience
- Being drunk/high
- Lying/exaggerating (malingering)
- Personality



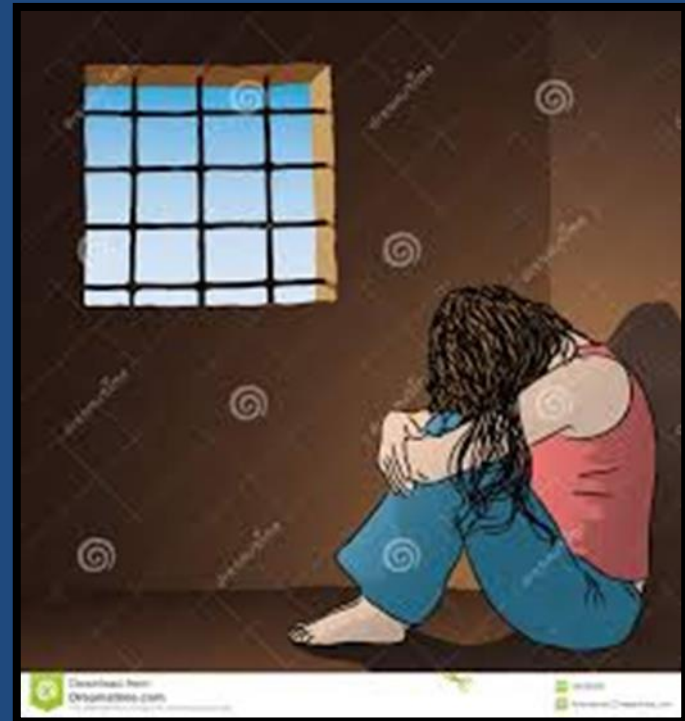
Lady Gaga, age 31
Net worth \$275 million

Symptoms/Signs

- Thought
 - Bizarre thoughts/behavior
 - Disorganized thinking/speaking
 - Hallucinations (auditory)
 - Delusions (fixed false beliefs)
- Mood
 - Depressed
 - Manic
 - Anxious

Causes?

- Medical
 - Cancer (pancreatic)
 - Metabolic (thyroid)
 - Infection (urinary tract)
- Trauma
- Substances
- **Psychiatric** after medical ruled out
- **Malingering** after psychiatric ruled out



Assessing Mental Illness

Starts with **Medical Clearance**

- History
- Vital signs
- Basic Lab work
- Clinical reports

Assessment **Clues**: Medical or Mental?

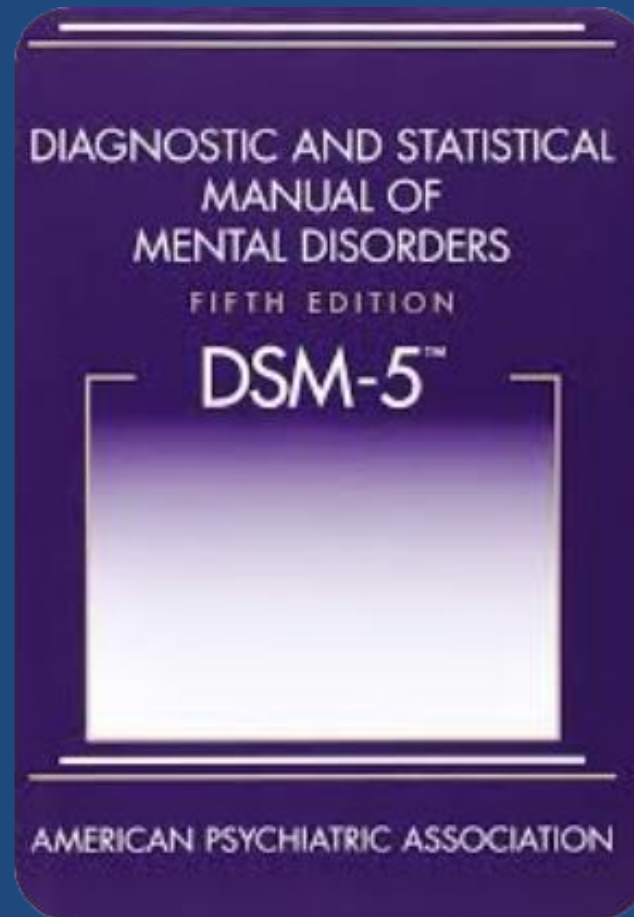
Medical

- No previous mental health history
- Acute onset
- No life stressor
- Elderly (especially urinary tract infection)

Psychiatric

- Previous mental health history
- Gradual onset
- Major life stressor
- 20-40 year old

Diagnosis



Common Mental Disorders

- Thought
 - Psychosis (Schizophrenia)
 - Neurodevelopmental (Intellectual disability; Autism)
 - Neurocognitive (Dementia)
- Mood
 - Mood Dysregulation--Bipolar Disorder, Depressive Disorder, Anxiety Disorder

Treatment

- Most disorders respond to treatment
 - Mood > Thought
- Best treatment: **MEDICATION** plus therapy
- Lack of treatment can worsen the disease
- Poor insight/compliance are challenges
- Multiple disorders are harder to treat

Prognosis

Better

- Good pre-morbid functioning
- Good social support
- Good insight/compliance
- No co-morbid problems
- “Positive” symptoms

Worse

- Poor pre-morbid functioning
- Poor supports
- Poor insight/compliance
- Multiple symptoms, problems
- “Negative” symptoms (absence of healthy behaviors)



True or False:

A mental illness is a severe disorder of thought and/or mood that causes a person distress or a problem in functioning

Intellectual Disability

- Prior DSM: Based on IQ test score
- DSM-5: Based on IQ score, AND adaptive functioning
- Diagnosis:
 - Onset during development
 - Deficits in intellectual functioning
 - Reasoning, judgment, problem-solving
 - Deficits in adaptive functioning
 - Communication, social adaptation, independent living

Intellectual Disability continued

Specifiers

- Mild
 - Moderate
 - Severe
 - Profound
-
- Key differences: ability to learn new tasks, understand social cues

The Seven Universal Facial Expressions of Emotion

Surprise



Fear



Happiness



Sadness



Contempt



Disgust



Anger

Assessing Intellectual Disability

- History * (diagnosis before age 18)
 - Pre-natal/birth
 - Developmental milestones
 - Family History
- Physical Exam
- Records
 - School
- Interviews
 - Individual
 - Collateral
- Testing
 - Intellectual functioning: e.g., Stanford-Binet
 - Adaptive functioning: e.g., Vineland Adaptive behavioral scale

Signs

- Slow reasoning
 - Long pauses
 - Repeating questions
- Concrete thinking
- Poor social cues
 - Gullibility
 - “Faking good”

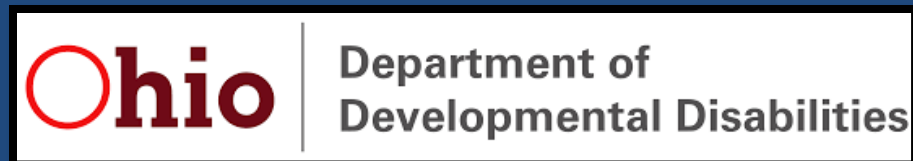


Management

- Mild: usually independent
- Moderate: Developmental Centers
- Severe/Profound: institutions

Ohio Department of Developmental Disabilities

- Ten residential Developmental Centers (DC)
- Licensed/certified as Intermediate Care Facilities
- Goal: community living
 - Individualized planning
 - Temporary residential placement
 - In-home support



Treatment



MI and ID Common Goals

- Least restrictive treatment environment
- Trauma-informed care



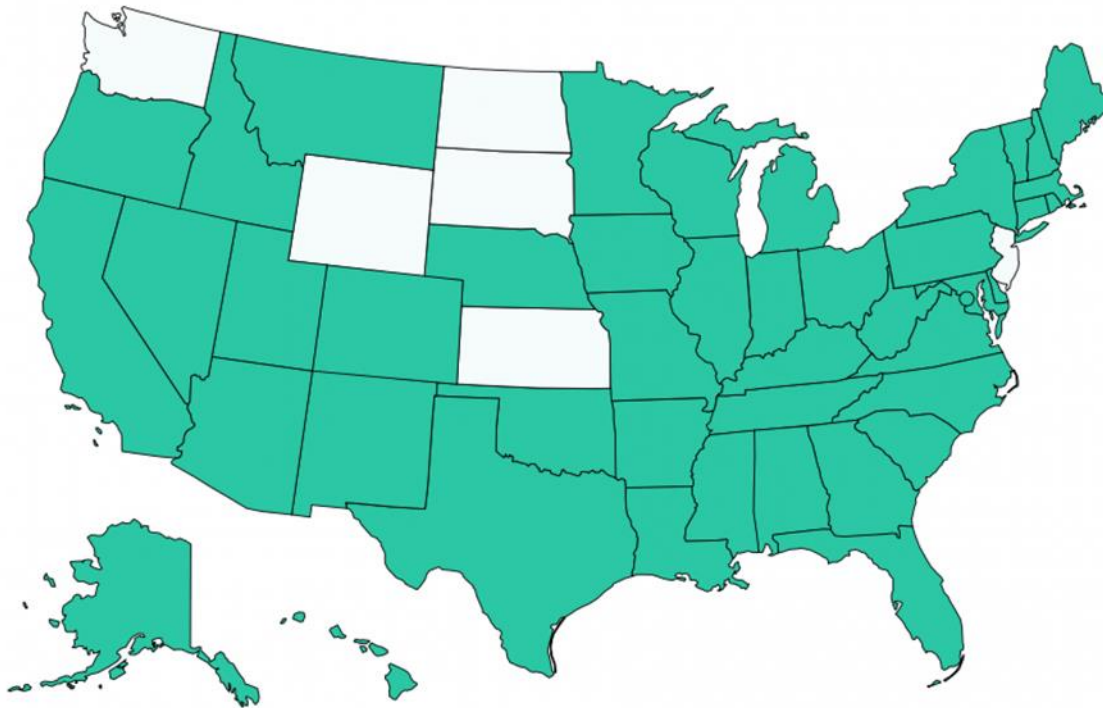
True or False:

An intellectual disability is a combined deficit in intellectual and adaptive functioning, and must start during development.

Mental Disorders and the Criminal Justice System

Where more people with mental illness are in jail than in hospitals

In 44 states and the District of Columbia, at least one prison or jail holds more individuals with serious mental illness than the largest psychiatric hospital operated by the state. The only exceptions are Kansas, New Jersey, North Dakota, South Dakota, Washington and Wyoming.



WASHINGTONPOST.COM/WONKBLOG

SOURCE: Treatment Advocacy Center, 2014

Mental Disorders in the Criminal Justice System

- Forensic
 - Competency to stand trial
 - Sanity at the time of the act
 - Mitigation/recommendations
- Treatment
 - Dangerous

Scope

- 25% of jail inmates, and 15% of prison inmates, have a severe mental disorder

Department of Justice, 2006 Mental Health Problems of Prison and Jail Inmates

- “In a mental health crisis, people are more likely to encounter police than get medical help. As a result, 2 million people with mental illness are booked into jails each year. **Nearly 15% of men and 30% of women booked into jails have a serious mental health condition.**”

<https://www.nami.org/Learn-More/Public-Policy/Jailing-People-with-Mental-Illness#sthash.uGRkoBa6.dpuf>

Deal-Breaker or “Difficult”?

- Thoughts bizarre and disorganized, speech loud, pressured, rambling
- Off-topic, not re-directable
- Not eating or drinking because “poison”
- Voices tell him that he is being poisoned



Deal-Breaker

- Off-topic, not re-directable
 - Can't assist
- Not eating or drinking because “poison”
 - Dangerous to self
- Voices tell him that he is being poisoned
 - Possibly dangerous to others



History of Mental Disorder Policy

- Moral Therapy
 - Phillipe Pinel “moral therapy”
 - Milieu Therapy
 - Benjamin Rush
 - Insane asylums
 - Dorothea Dix
 - Government-funded hospitals



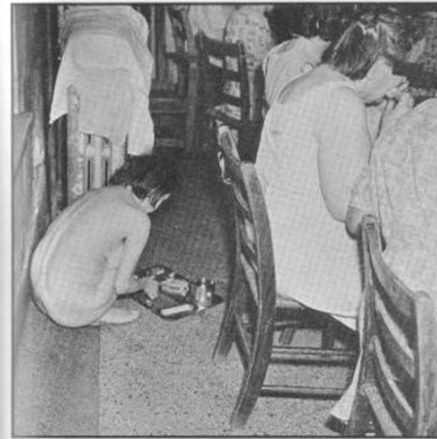
Life Magazine, 1946: "Bedlam"

CLEVELAND

The main building of Cleveland's "Bedlam," erected in 1855. A psychiatrist who resigned from the psychiatric staff in protest against conditions, declared: "They send a sick patient here for treatment to restore his mental health. But when they [the relatives] come back to visit, they find a patient with one or two black eyes, with bruises here and there, with scratches and gashes, and an occasional fractured bone."



The women patients' buildings were 40 per cent overcrowded. Beds in this ward were packed so tight that patients had to crawl over the foot of the bed to get out. Many had no pillowcases or sheets, sleeping on dirty pillows and mattresses. Supt. Crawford explained that he hadn't been able to get needed linen for many months. The patients' relatives were planning a party to raise enough funds to buy sheets for the state hospital. Ohio had a \$125,000,000 surplus in its treasury.



Once, long ago, before she was relegated to the back wards of Cleveland State Hospital as an "incontinent" patient, this creature was considered a curable, or at least hopeful, case. Like thousands of other neglected mental patients, she was denied the chance of recovery by a community that didn't care. When we walked into this dining room, we found her setting her tray on the floor and waiting the miserable food. If given access to active therapy at the outset. . . .



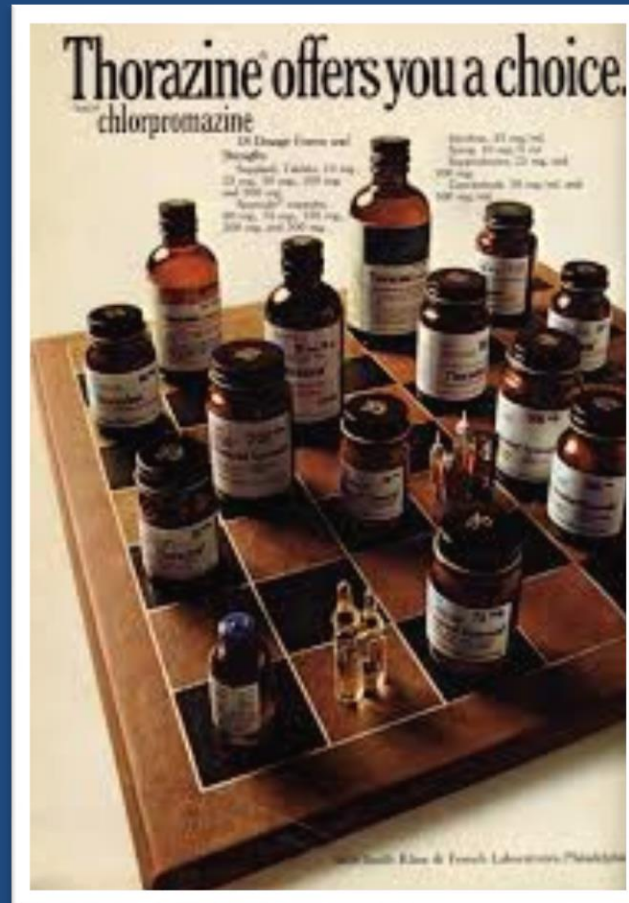
Supper trays were laid out on the tables from five to ten minutes before the patients entered the dining room. The food was cold and unappetizing long before it came to the table. In the dirty, crowded kitchen, I almost gagged on a mouthful of the watery, ill-tasting mélange they called stew. The "coffee" looked and tasted like dishwater. The patients were given less than five minutes to gulp down this repulsive stuff before they were driven out by the attendants.

Problems

- Amoral Reality
 - Eugenics
 - Pseudo-science
 - Insulin therapy
 - Hydrotherapy
 - Restraint chairs/beds

 - Custodial, not treatment

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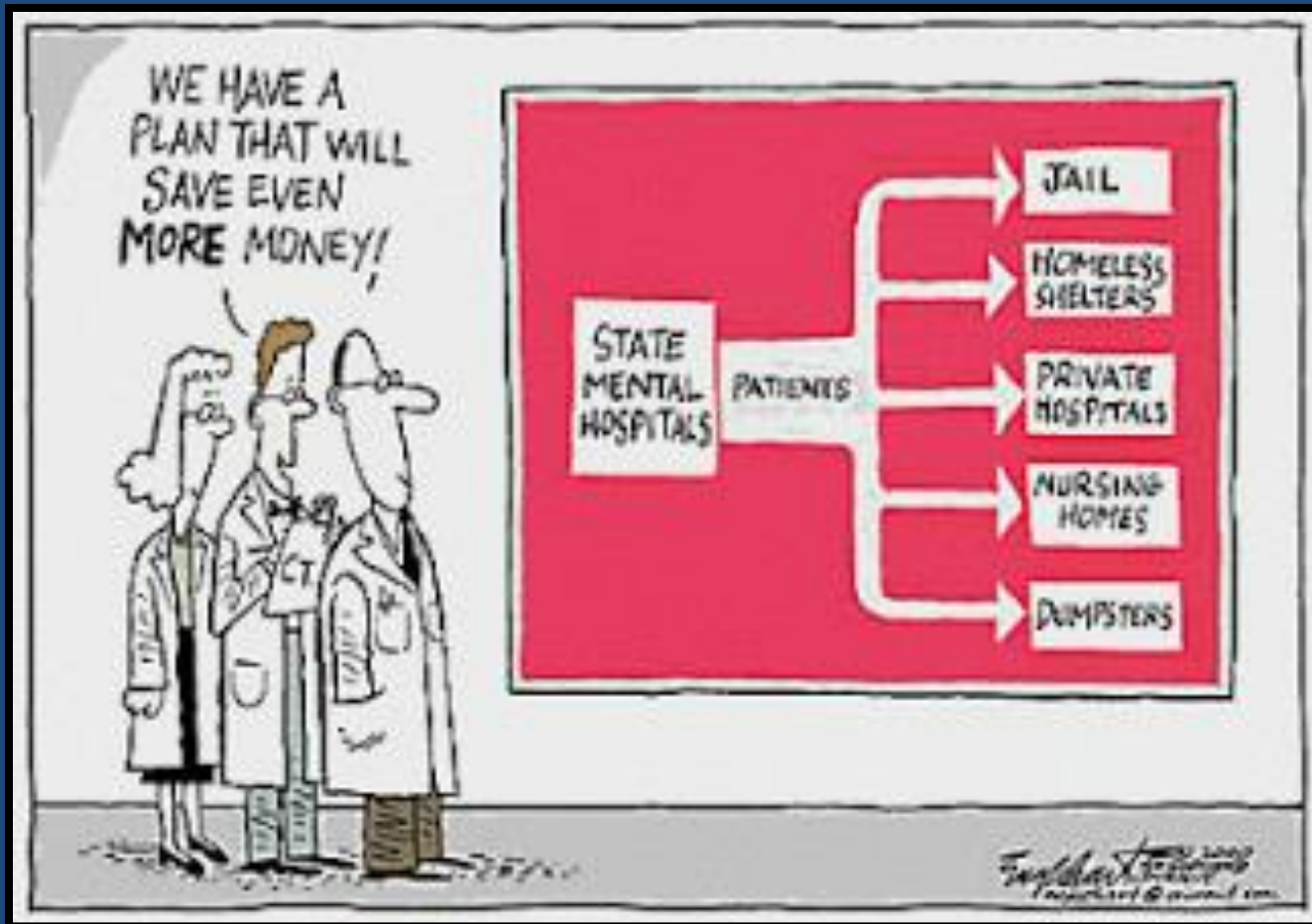
one of the fundamental drugs in medicine

Smith Kline & French Laboratories

Community Mental Health Act 1963

- John Kennedy
- 5 programs
 - Inpatient
 - Outpatient
 - Daycare
 - Emergency
 - Consultation
- Goal: community funding, treatment in the least restrictive environment

Results



What Happened to the Patients?

- 500,000+ who used to be in hospitals, now incarcerated/homeless/nursing homes
- 2012
 - 35,000 mentally ill in state psychiatric hospitals
 - 356,268 in jails/prisons
- *Treatment Advocacy Center, 2014*

Why?

- Unclear role state hospitals
- Ill-defined patient population
- Local (community) authorities
- Managed Care and Mental Health “carve-outs”
- Medicaid—cost shifted from states to federal government

Current State

- Treatment in Jail/Prison
 - Starts with **screening** (*Ruiz v. Estelle, 1980*)
 - Medication (not over objection)
 - Mental health unit
 - MD or RN (+/- mental health experience)
- Dangerous?
 - Hospital ER
 - Prescreening Agency; Developmental Center staff
 - Probate court commitment (5122)

Most Common Disorders

- Substance Use Disorder (70%)
 - Personality Disorder (65% M; 42% W)
 - Mood Disorder (10% M; 12% W)
 - Psychosis (5%)
 - Posttraumatic Stress Disorder
-
- *Care of the Mentally Ill in Prisons: Challenges and Solutions, Anasseril E. Daniel, Journal of the American Academy of Psychiatry and the Law Online December 2007, 35 (4) 406-410;*

Suicide in Jail and Prison

- Jail: #1 cause of death
- Prison: #3 cause of death (after natural causes, AIDS)
- Hanging

Prevalence

Mental Illness

- **Over 50% of inmates** have a mental health problem vs. 11% of general population
- One in three prison inmates, and one in six jail inmates, receive any form of mental health treatment
- *James DJ, Glaze LE: Mental health problems of prison and jail inmates. Washington, DC: Department of Justice, Bureau of Justice Statistics Special Report, September 2006*

Intellectual Disability

- Small but growing
- 2-3% of general population
- **4-10% of prison population** (higher in juveniles/jails)
- Less than 1% of inmates have a form of physical disability, while 4.2% have a form of intellectual disability
- <https://www.disabled-world.com/disability/types/cognitive/prison-system.php>

Treatment Challenges

- Staffing
- Privatization
- Restricted formulary and inability to mediate over objection
- Correctional environment (overcrowding, punishment-based, solitary confinement)
- “Being in jail or prison when your brain is working normally is, at best, an unpleasant experience. Being in jail or prison when your brain is playing tricks on you is brutal” (*E. Fuller Torrey, “Out of Shadows; Confronting American’s Mental Illness Crisis”*)
- Irony—50% “recycling” rate
- *James DJ, Glaze LE: Mental health problems of prison and jail inmates. Washington, DC: Department of Justice, Bureau of Justice Statistics Special Report, September 2006*

Brown v. Plata, 2011

- United States Supreme Court ordered California to release over 40,000 prisoners because medical services, including mental health care, that the State provided did not reach minimum level of care required under the Eighth Amendment





Rearranging the Problem?

State Hospitals

- Restraint beds
- Chemical restraint/sedation
- Poor staffing
- Right to treatment
- Right to refuse treatment

Prisons

- Solitary confinement; “cages”
- Medications used as chemical restraint
- Poor staffing

Emerging Issues

- Opiate addiction
- Aging population
- Ongoing shortage of psychiatrists (and primary care doctors)
- Increasing forensic population

Case Discussion

John Doe

He speaks very little, has poor eye contact, and is difficult to engage. What could be the diagnosis?

- A. Depression
- B. Intellectual Disability
- C. Paranoid psychosis
- D. Shy personality
- E. Different cultural background
- F. Malingering



Assessment

After three interviews, he is the same. The court refers him to the jail psychiatrist, and to the court clinic for evaluations. They assess:

- Records—prior mental health history?
- Collateral—what do others observe?
- Testing—for IQ, depression, psychosis, malingering



Jail Treatment

Jail mental health staff find:

- A. Depression—
medication, monitoring
- B. Intellectual Disability--
monitoring, assessment
- C. Paranoid psychosis—
medication, monitoring
- D. Shy personality
- E. Different cultural
background
- F. Malingering



Court Evaluator Opinion

The court evaluator opines:

- a. Mental Health Court: if he has a psychotic disorder or $IQ < 70$
- b. Has capacity to assist—competent
- c. Lacks capacity to assist
 1. Due to something treatable—restorable
 2. Due to something likely not treatable--unrestorable



Assessment Questions



True or False:

Assessing a mental disorder involves ruling out medical or other causes, then screening symptoms and/or test results using the DSM-5.



True or False:

There are increasing numbers of mentally disordered individuals in the criminal justice system in part because community resources are scarce.



True or False:

Although medication treatment is almost always needed to treat a severe mental illness, a combination of medication and therapy is best.

RESOURCES

- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Developmental Disabilities
- NAMI Ohio
- Treatment Advocacy Center

Questions?

