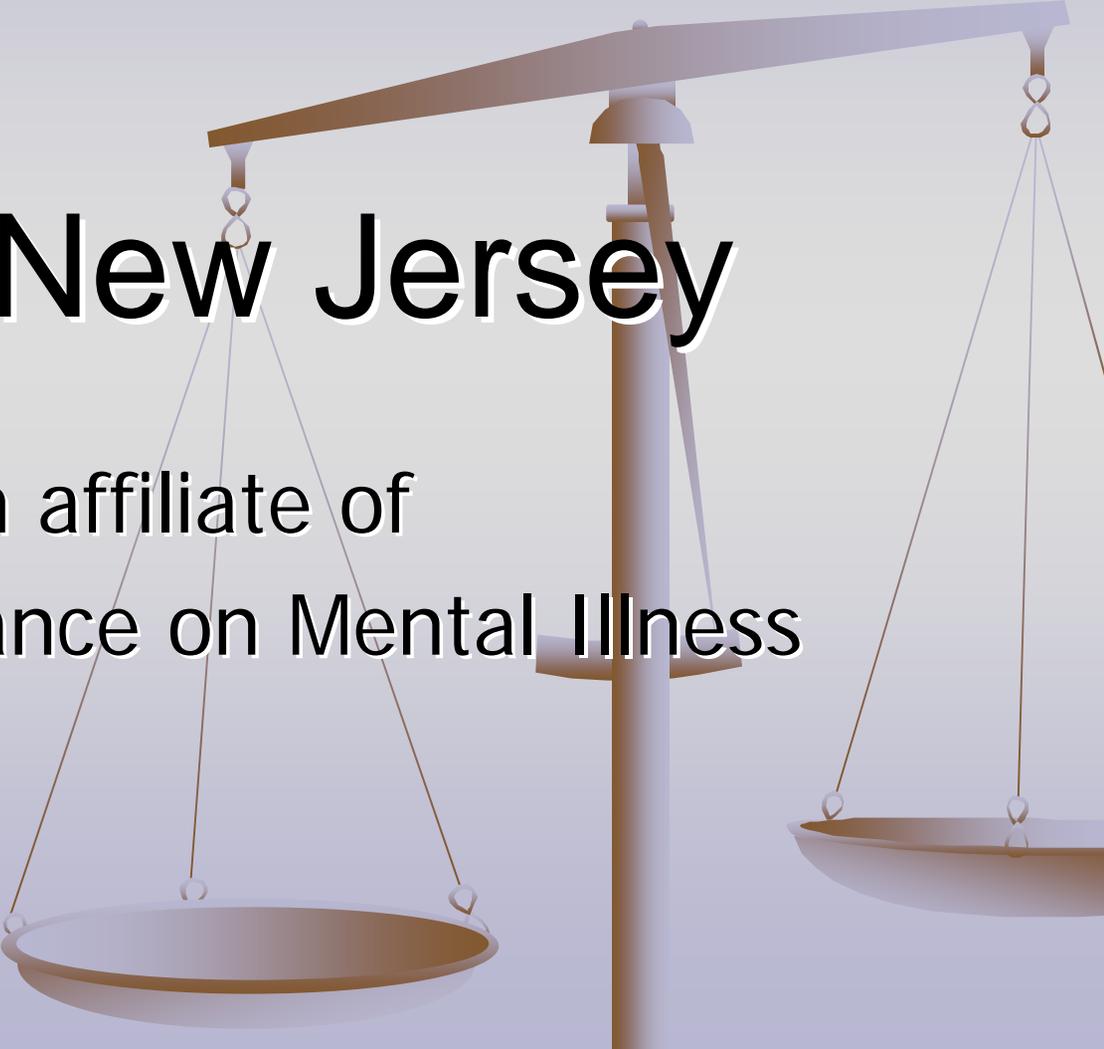


Mental Illness

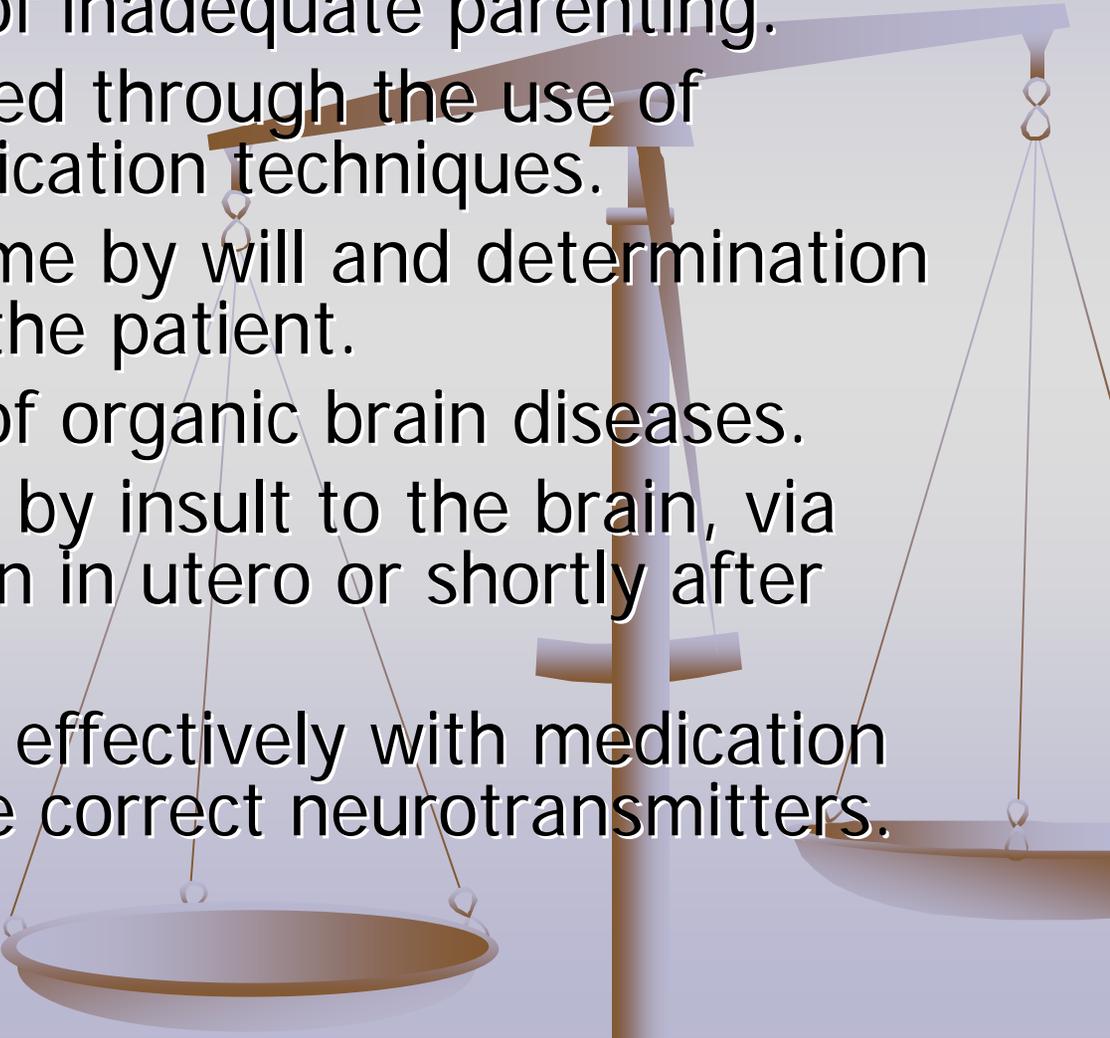
What it is, what it isn't.
How to deal with people
who have it.



NAMI New Jersey

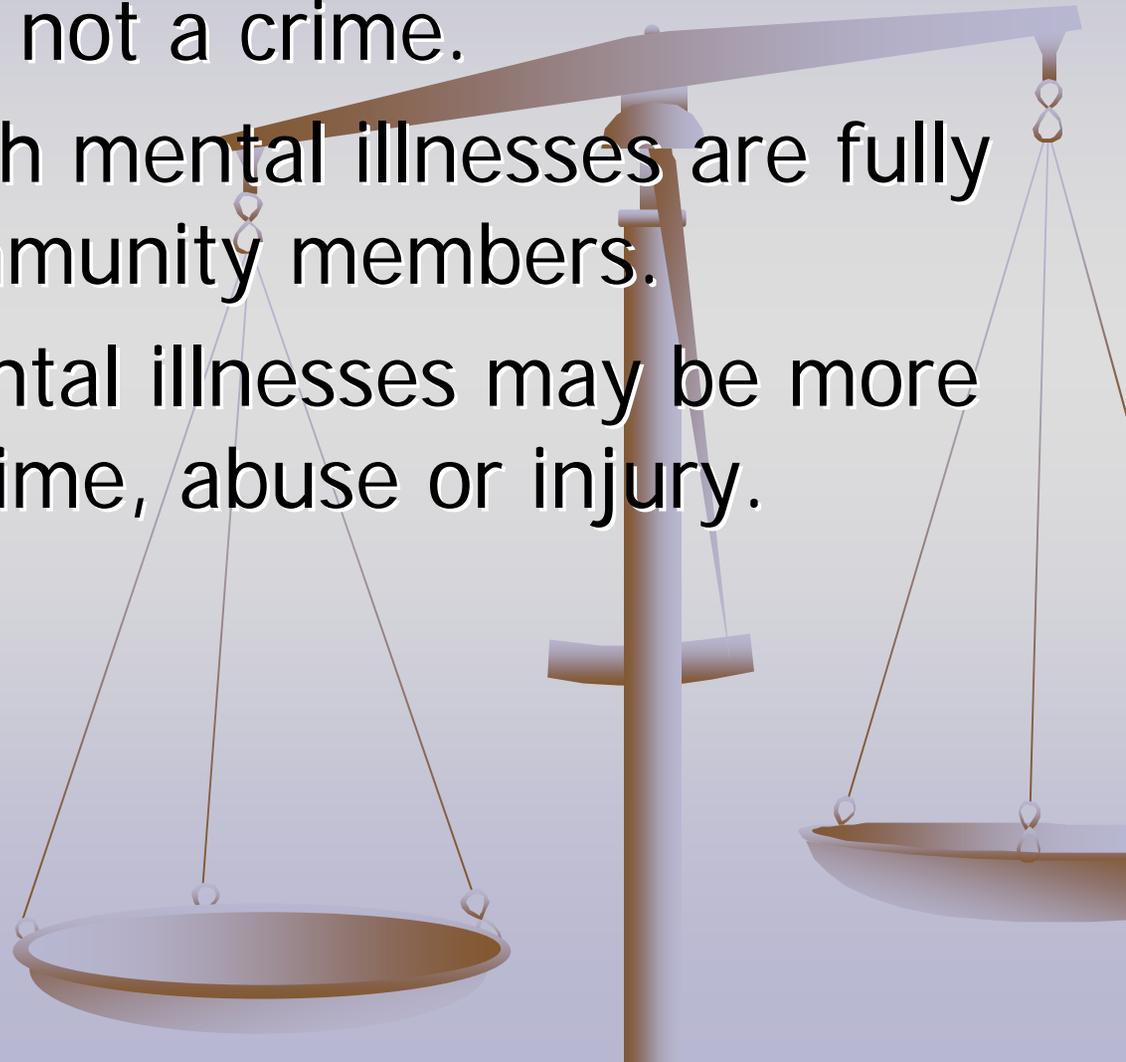
An affiliate of
National Alliance on Mental Illness

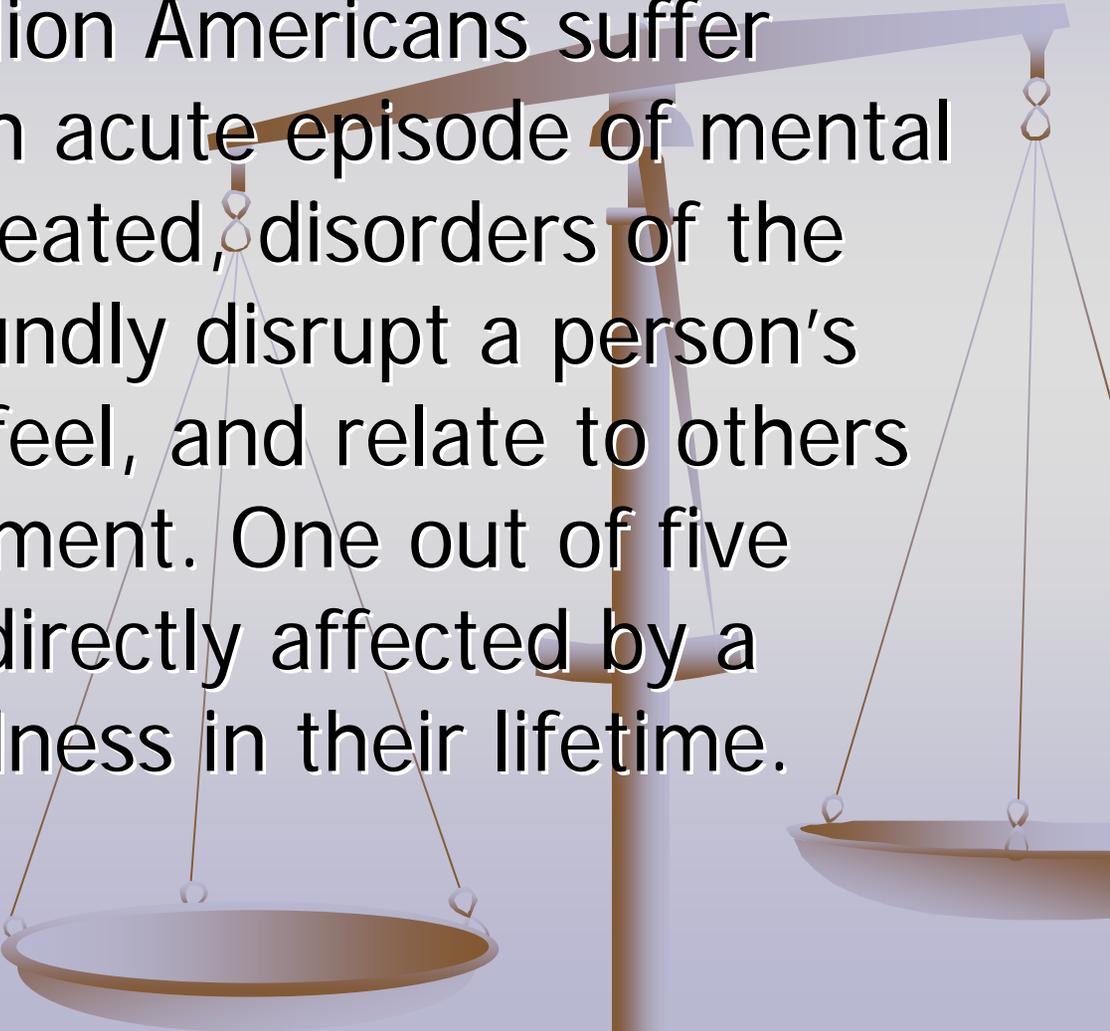
Schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder and panic disorder:

- NO ■ Are the result of inadequate parenting.
 - NO ■ Can be alleviated through the use of behavior modification techniques.
 - NO ■ Can be overcome by will and determination on the part of the patient.
 - YES ■ Are the result of organic brain diseases.
 - YES ■ May be caused by insult to the brain, via virus or allergen in utero or shortly after birth.
 - YES ■ Can be treated effectively with medication that targets the correct neurotransmitters.
- 

Working Assumptions

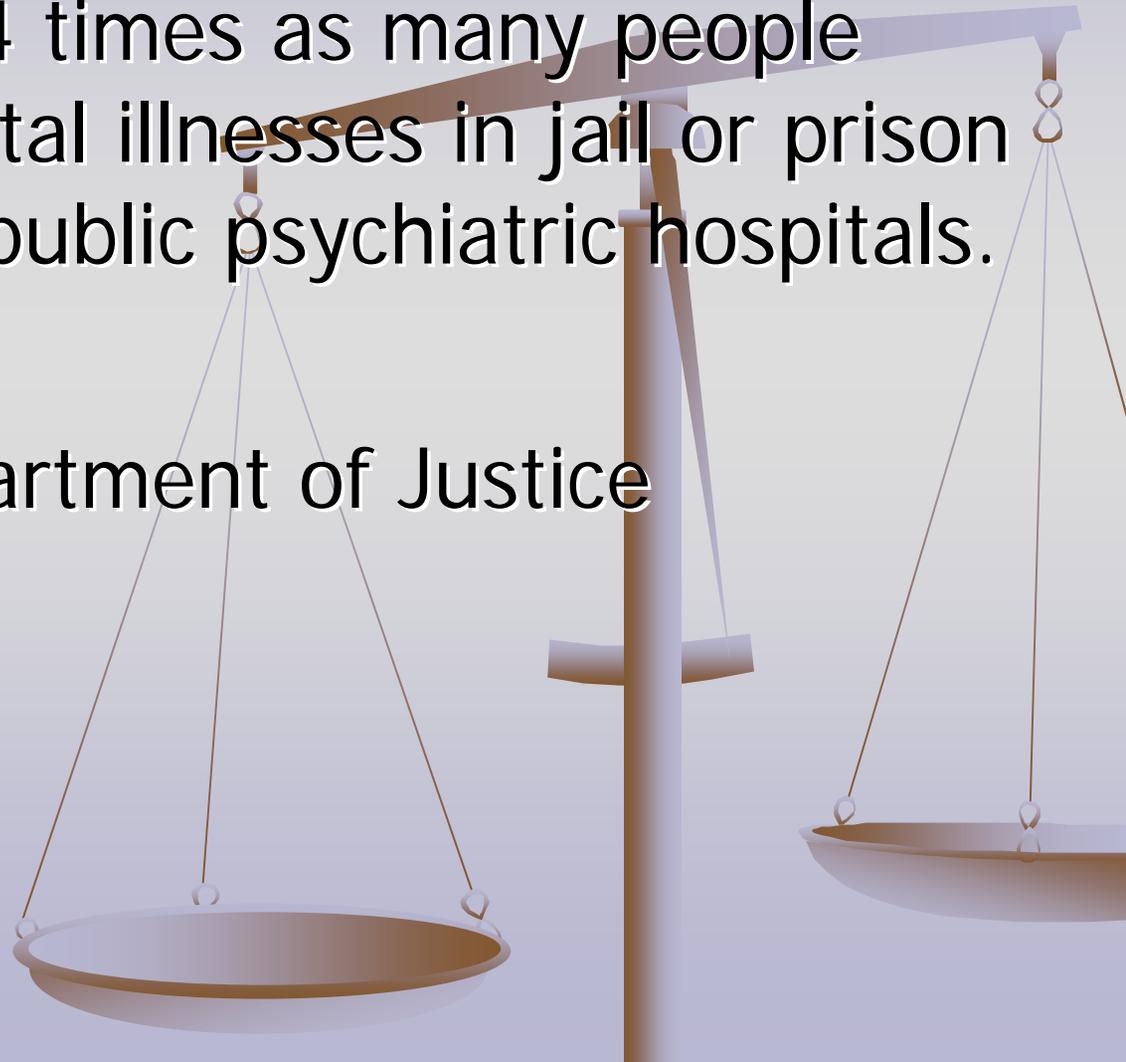
- Mental illness is not a crime.
- Most people with mental illnesses are fully functioning community members.
- People with mental illnesses may be more vulnerable to crime, abuse or injury.



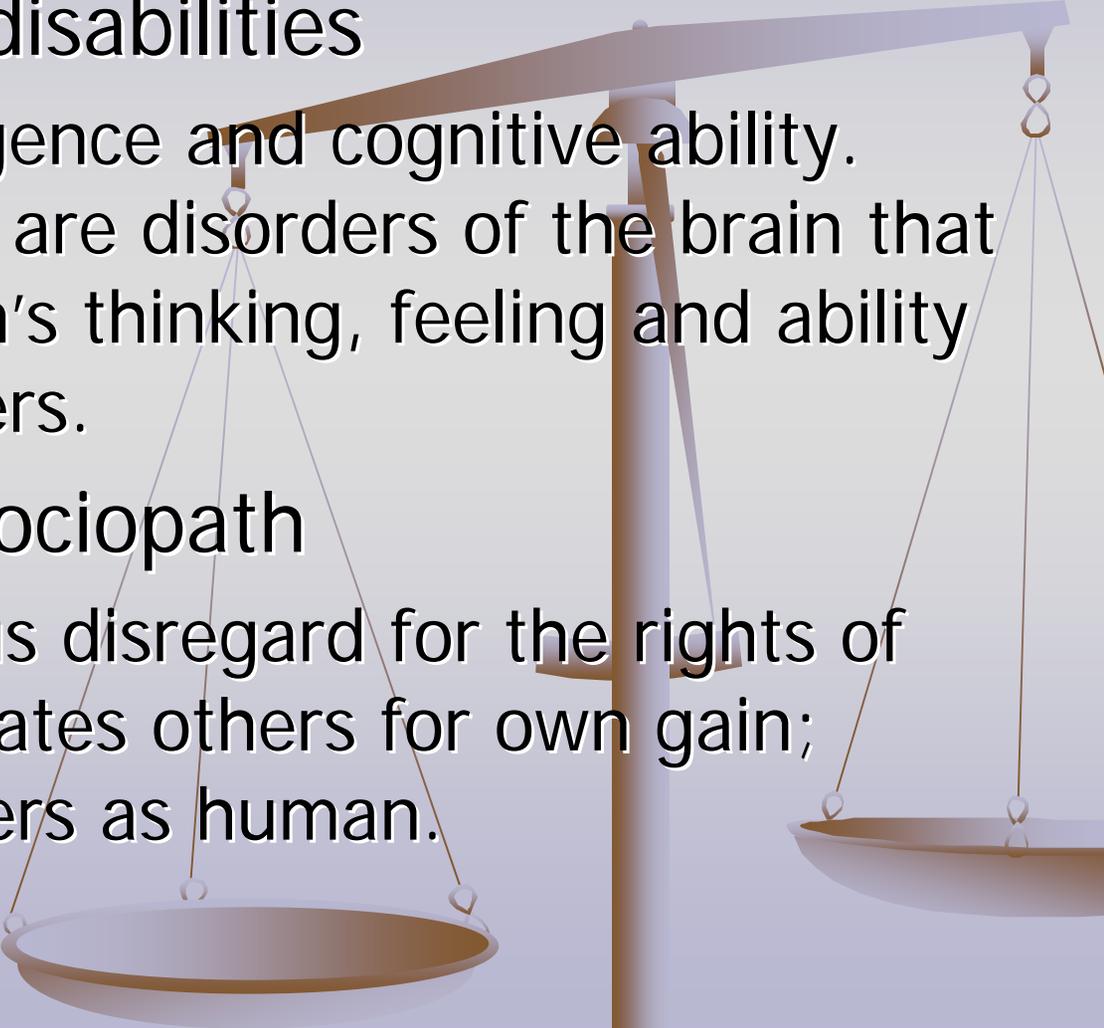
- 
- More than 5 million Americans suffer annually from an acute episode of mental illness. Left untreated, disorders of the brain can profoundly disrupt a person's ability to think, feel, and relate to others and the environment. One out of five families will be directly affected by a severe mental illness in their lifetime.

- There are 3 to 4 times as many people with major mental illnesses in jail or prison as there are in public psychiatric hospitals.

Source: U.S. Department of Justice



Mental Illnesses are NOT:

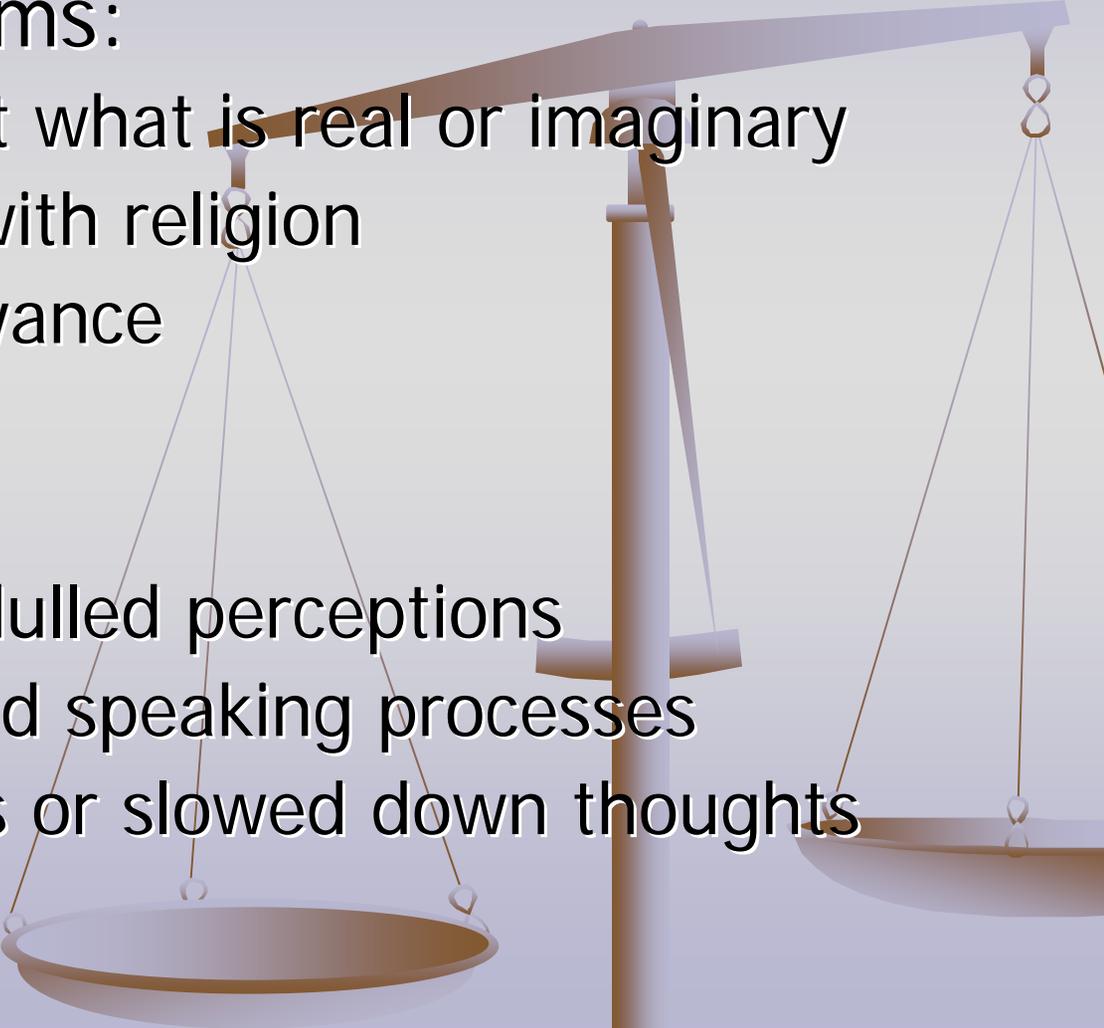
- Developmental disabilities
 - Relate to intelligence and cognitive ability. Mental illnesses are disorders of the brain that disrupt a person's thinking, feeling and ability to relate to others.
 - Psychopath or sociopath
 - Exhibits a callous disregard for the rights of others; manipulates others for own gain; doesn't see others as human.
- 

Major Mental Illnesses are Biological Brain Disorders

- Schizophrenia
- Bipolar Disorder
- Major Depression
- Obsessive-Compulsive Disorder
- Anxiety/Panic Disorder

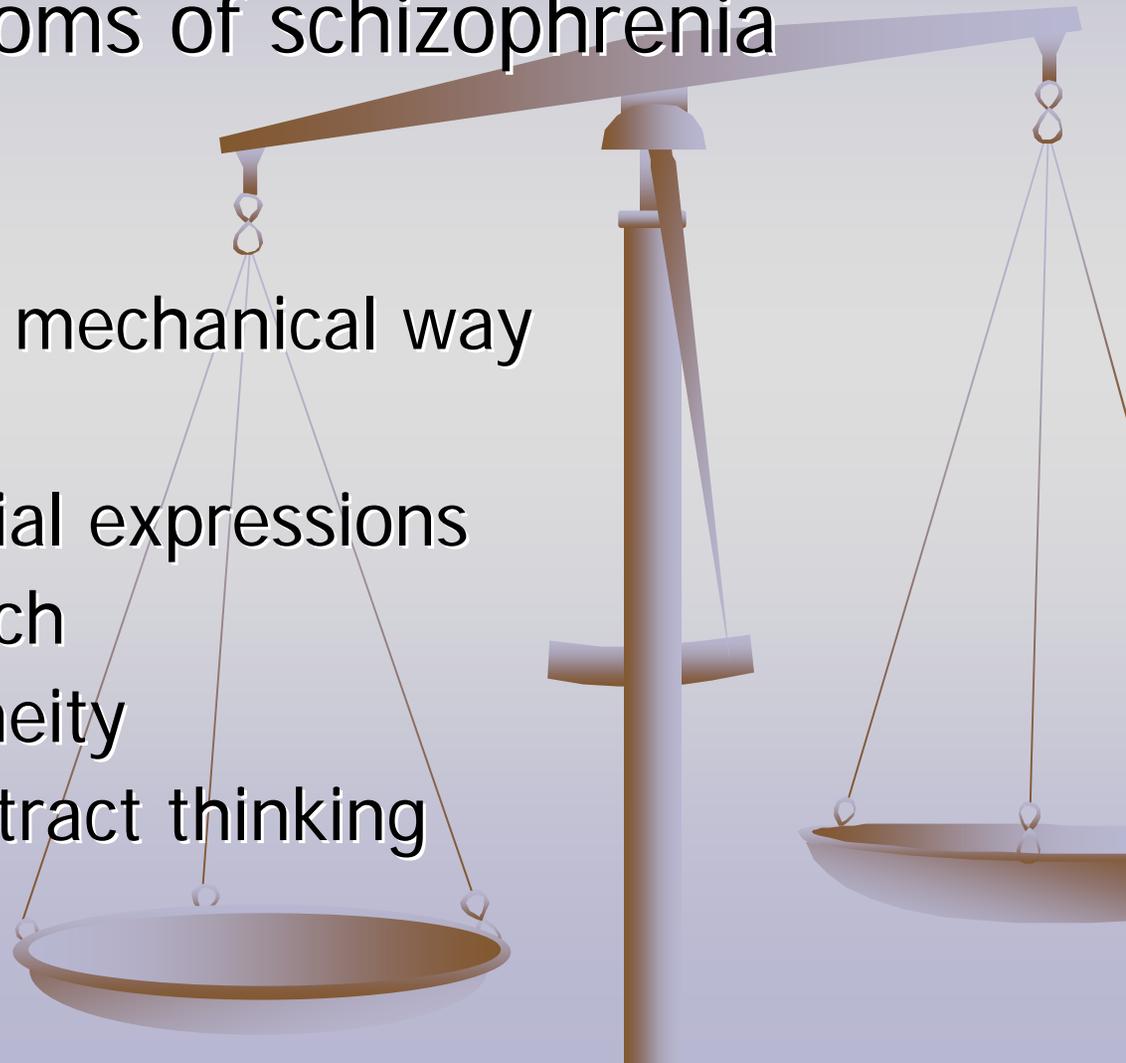


Schizophrenia is characterized by disordered thinking

- Positive Symptoms:
 - Confusion about what is real or imaginary
 - Preoccupation with religion
 - Belief in clairvoyance
 - Paranoia
 - Hallucinations
 - Heightened or dulled perceptions
 - Odd thinking and speaking processes
 - Racing thoughts or slowed down thoughts
- 

■ Negative symptoms of schizophrenia

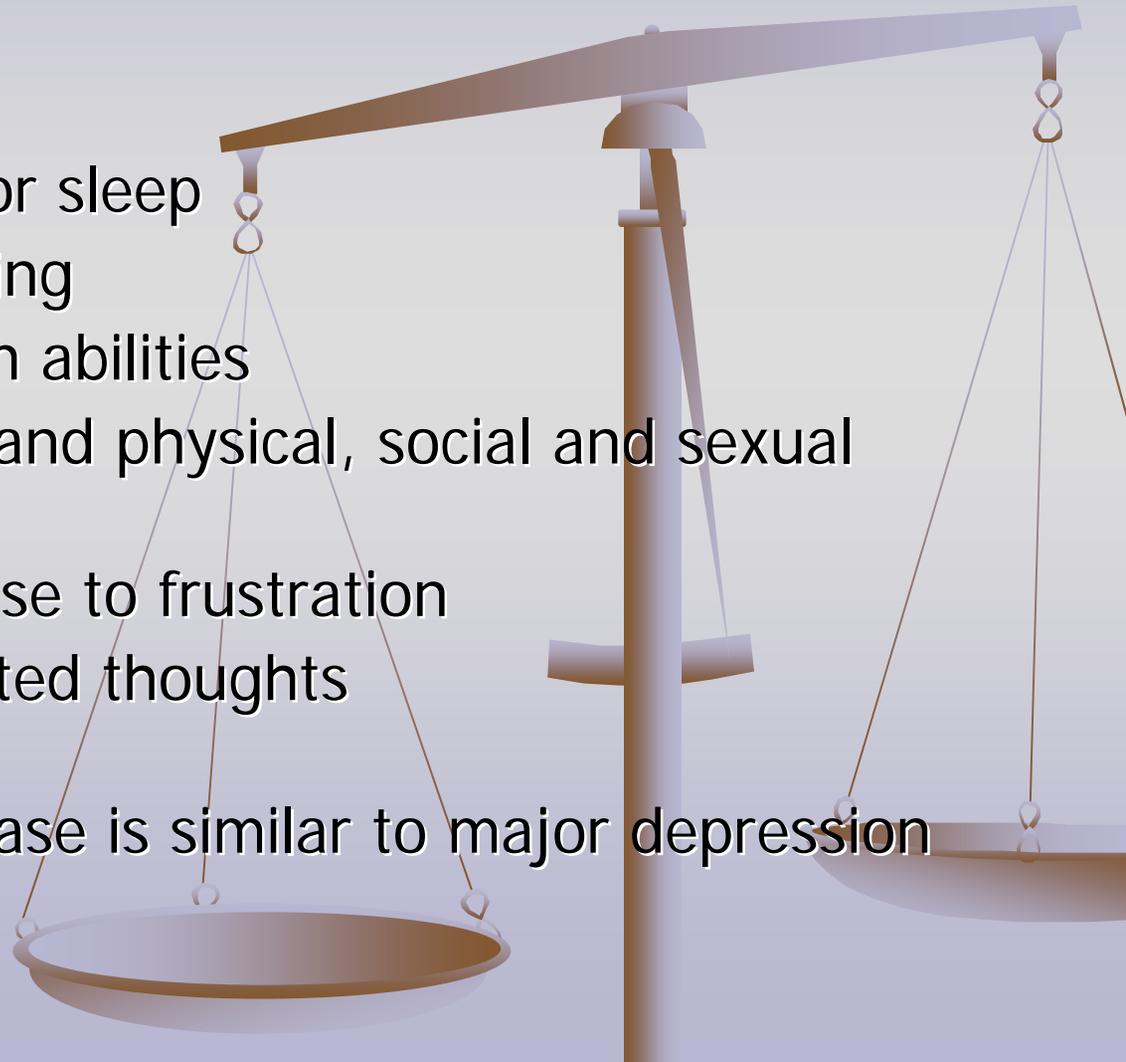
- Lack of friends
- Passivity
- Interacting in a mechanical way
- Flat emotions
- Decrease in facial expressions
- Monotone speech
- Lack of spontaneity
- Difficulty in abstract thinking



Bipolar Disorder: dramatic mood swings

■ Manic phase

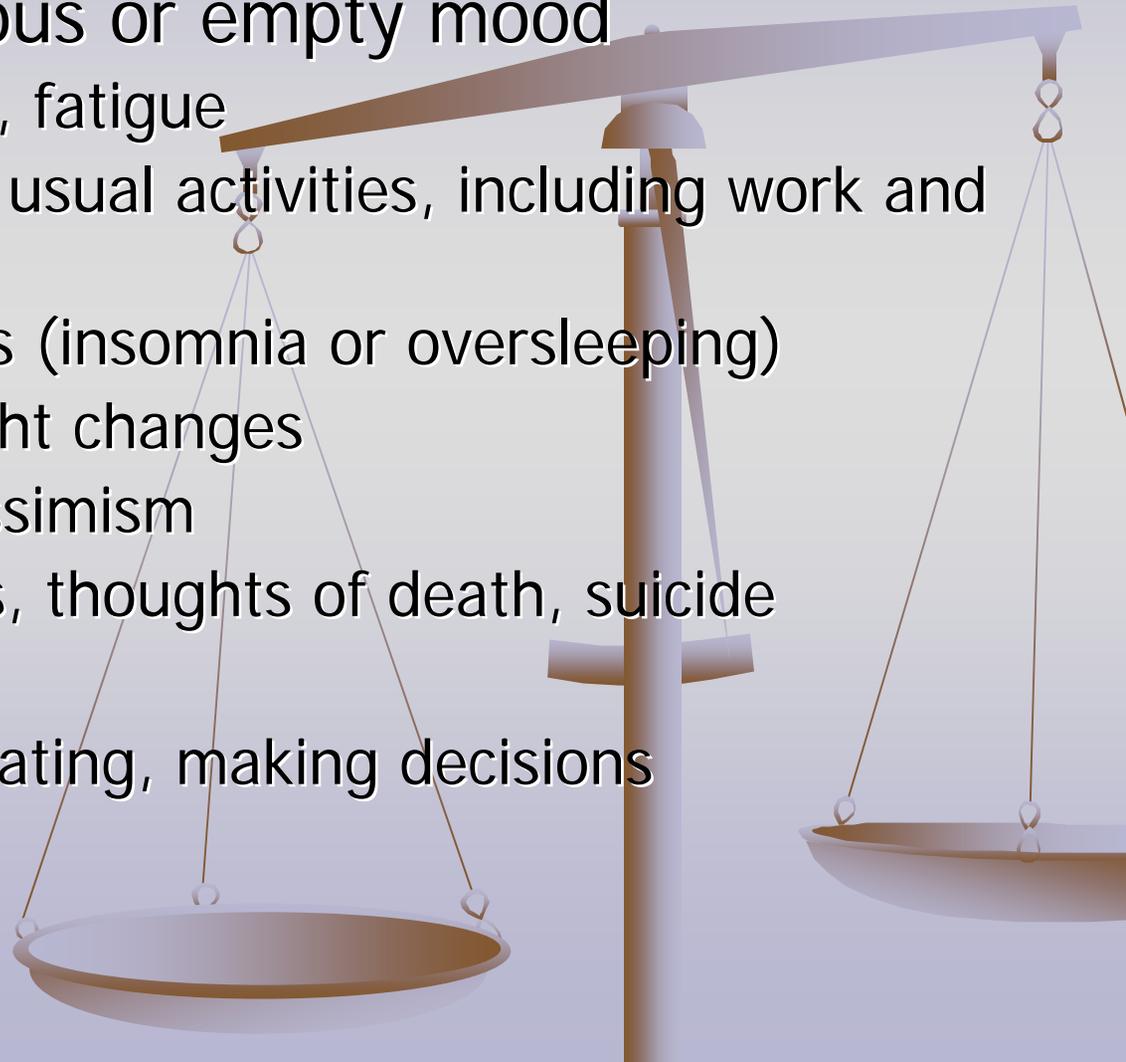
- Increased energy
- Decreased need for sleep
- Increased risk taking
- Unrealistic belief in abilities
- Increased talking and physical, social and sexual activity
- Aggressive response to frustration
- Racing, disconnected thoughts
- The depressed phase is similar to major depression



Major Depression

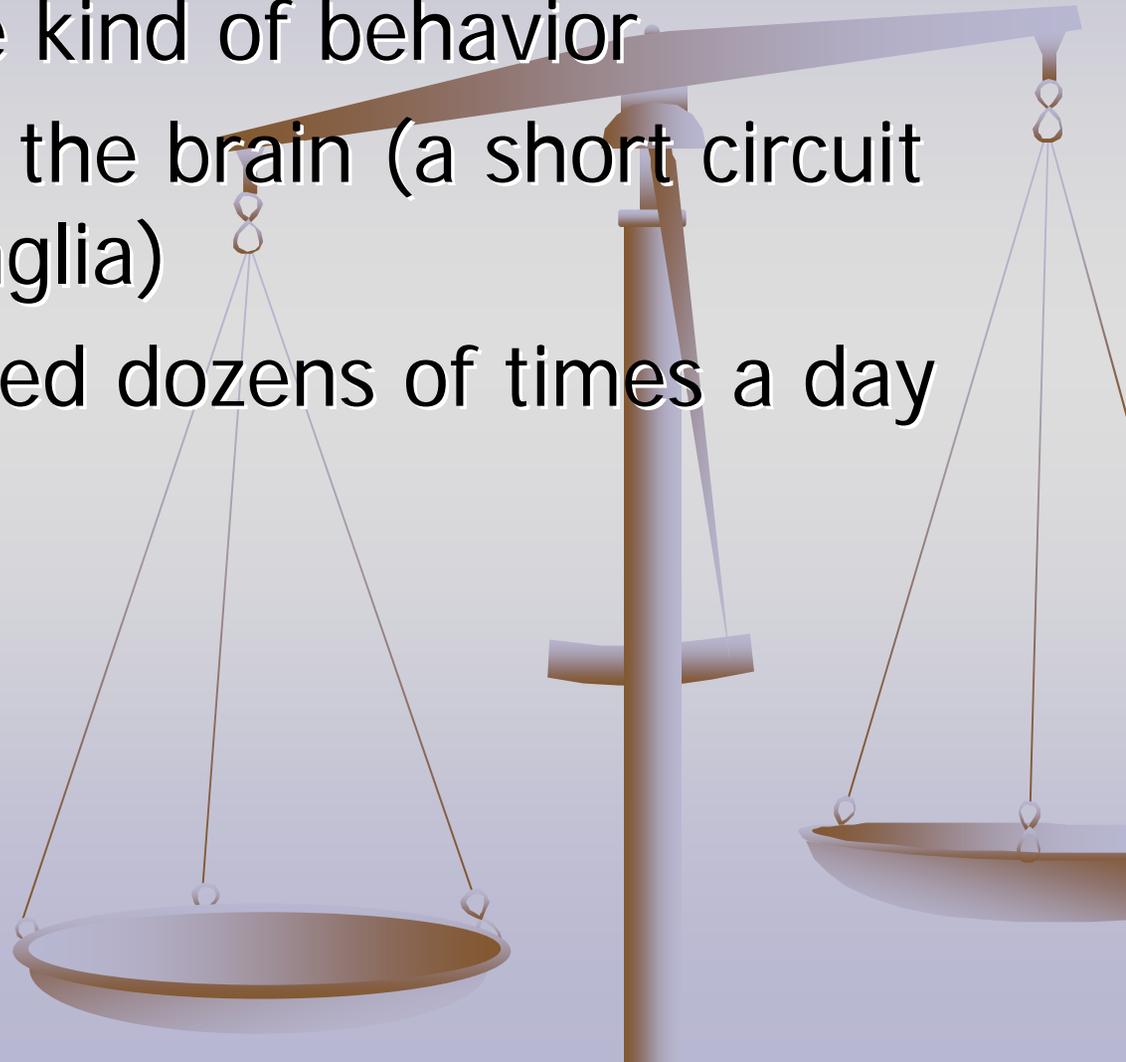
Persistent sad, anxious or empty mood

- Decreased energy, fatigue
- Loss of interest in usual activities, including work and sex
- Sleep disturbances (insomnia or oversleeping)
- Appetite and weight changes
- Hopelessness, pessimism
- Guilt, helplessness, thoughts of death, suicide
- Suicide attempts
- Difficulty concentrating, making decisions
- Hypochondria



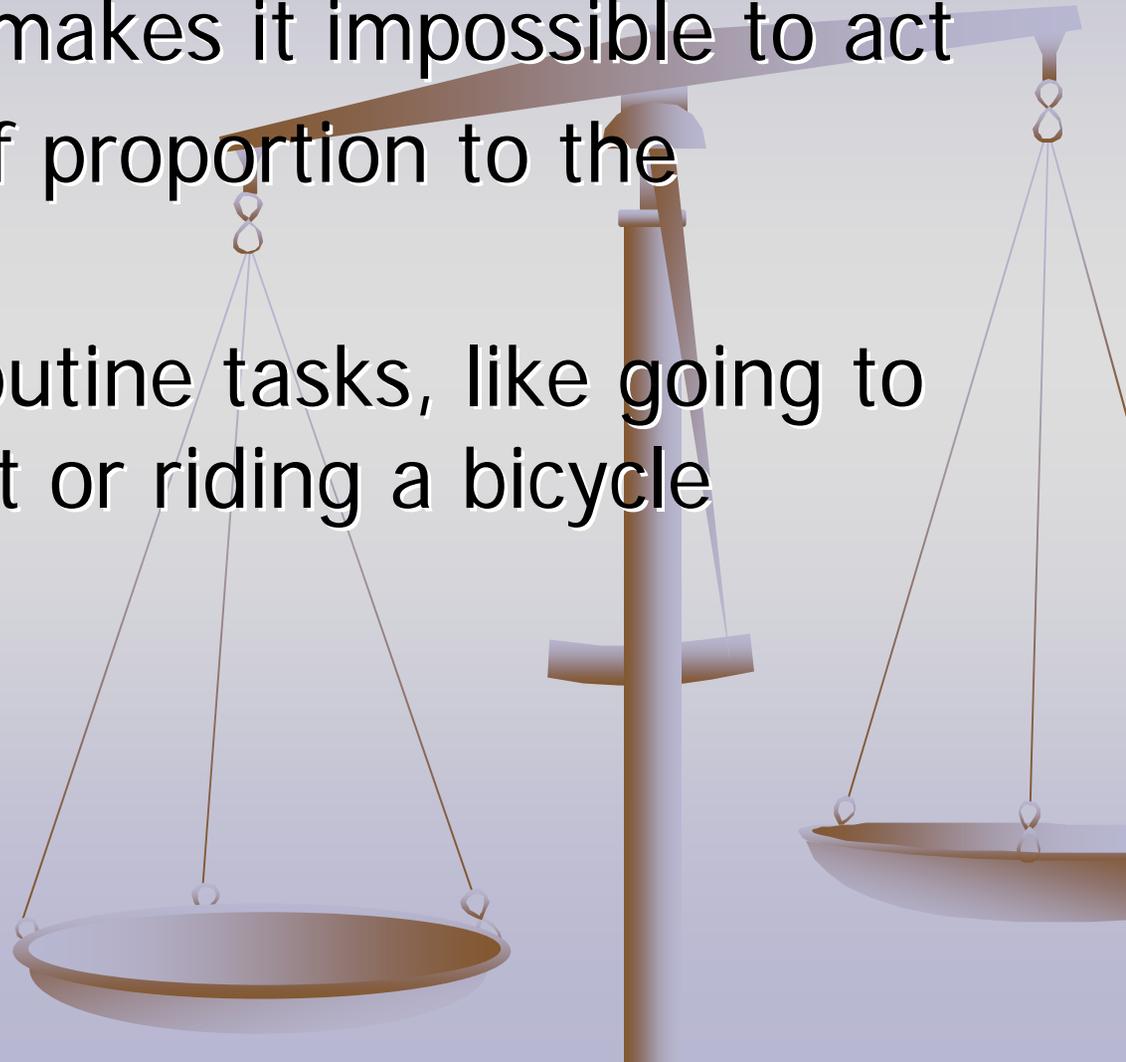
Obsessive-Compulsive Disorder (OCD)

- Can't stop some kind of behavior
- Like a hiccup of the brain (a short circuit in the basal ganglia)
- Behavior repeated dozens of times a day



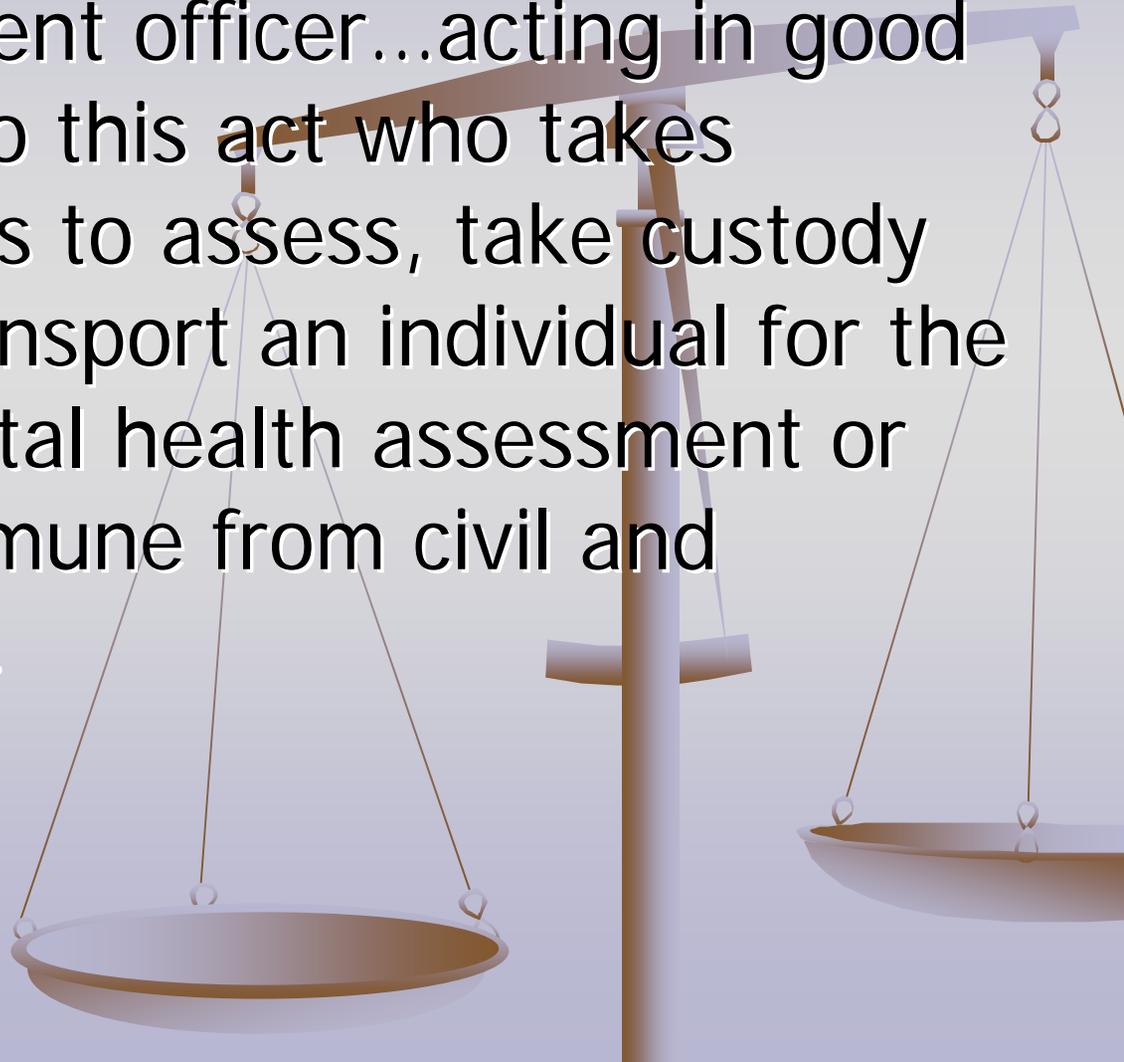
Anxiety/Panic Disorder

- Severe anxiety makes it impossible to act
- Anxiety is out of proportion to the situation
- Fear of doing routine tasks, like going to the supermarket or riding a bicycle



The 1989 NJ Mental Health Screening Law 30:4-27.7

- A law enforcement officer...acting in good faith pursuant to this act who takes reasonable steps to assess, take custody of, detain or transport an individual for the purpose of mental health assessment or treatment is immune from civil and criminal liability.



Interacting in crisis situations

Dos and Don'ts

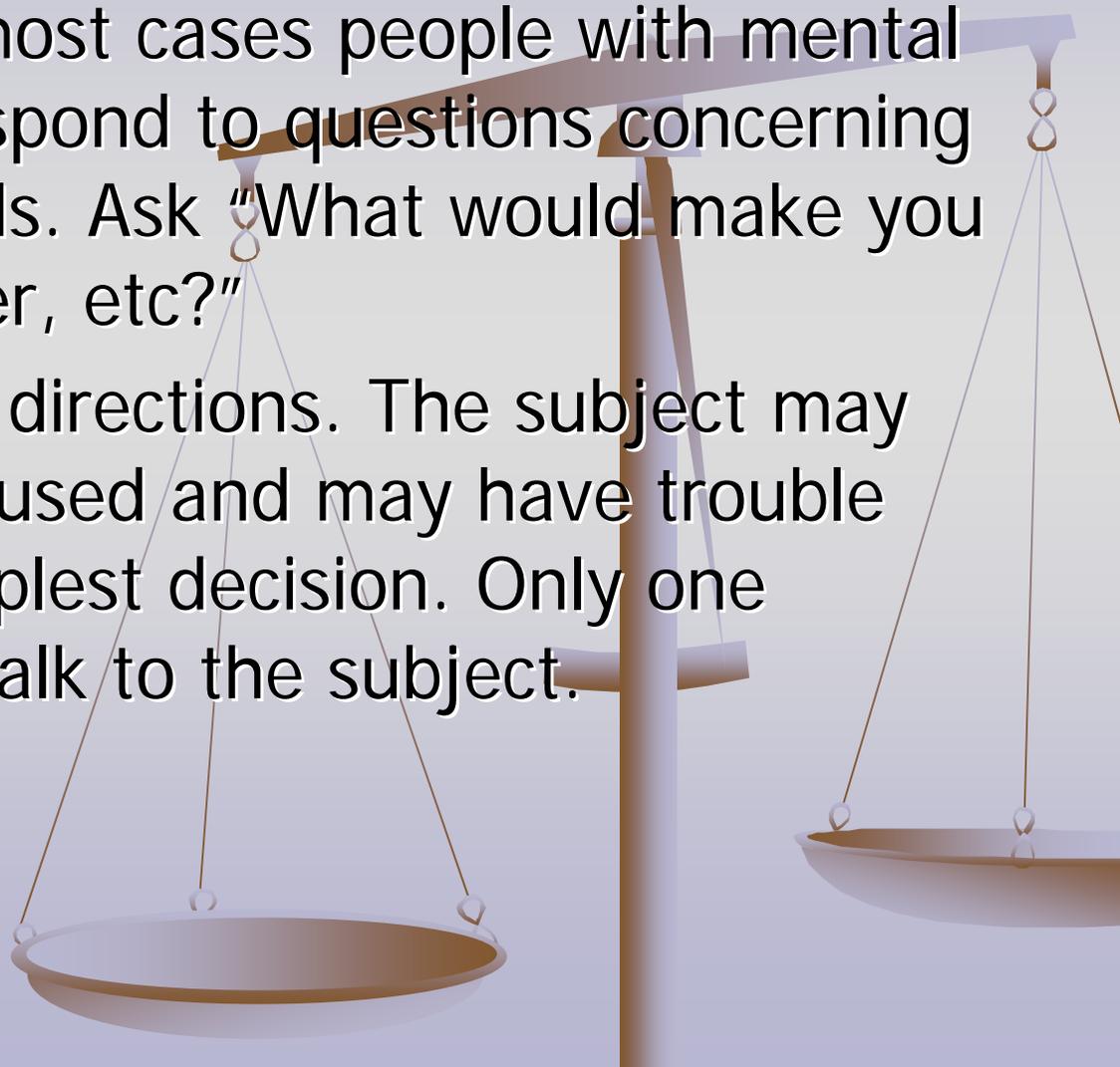
■ DO

- Remember that a person with mental illness has the same rights to fair treatment and legal protection as anyone else.
- Continually assess the situation.
- Maintain adequate space between you and the subject.
- Be calm



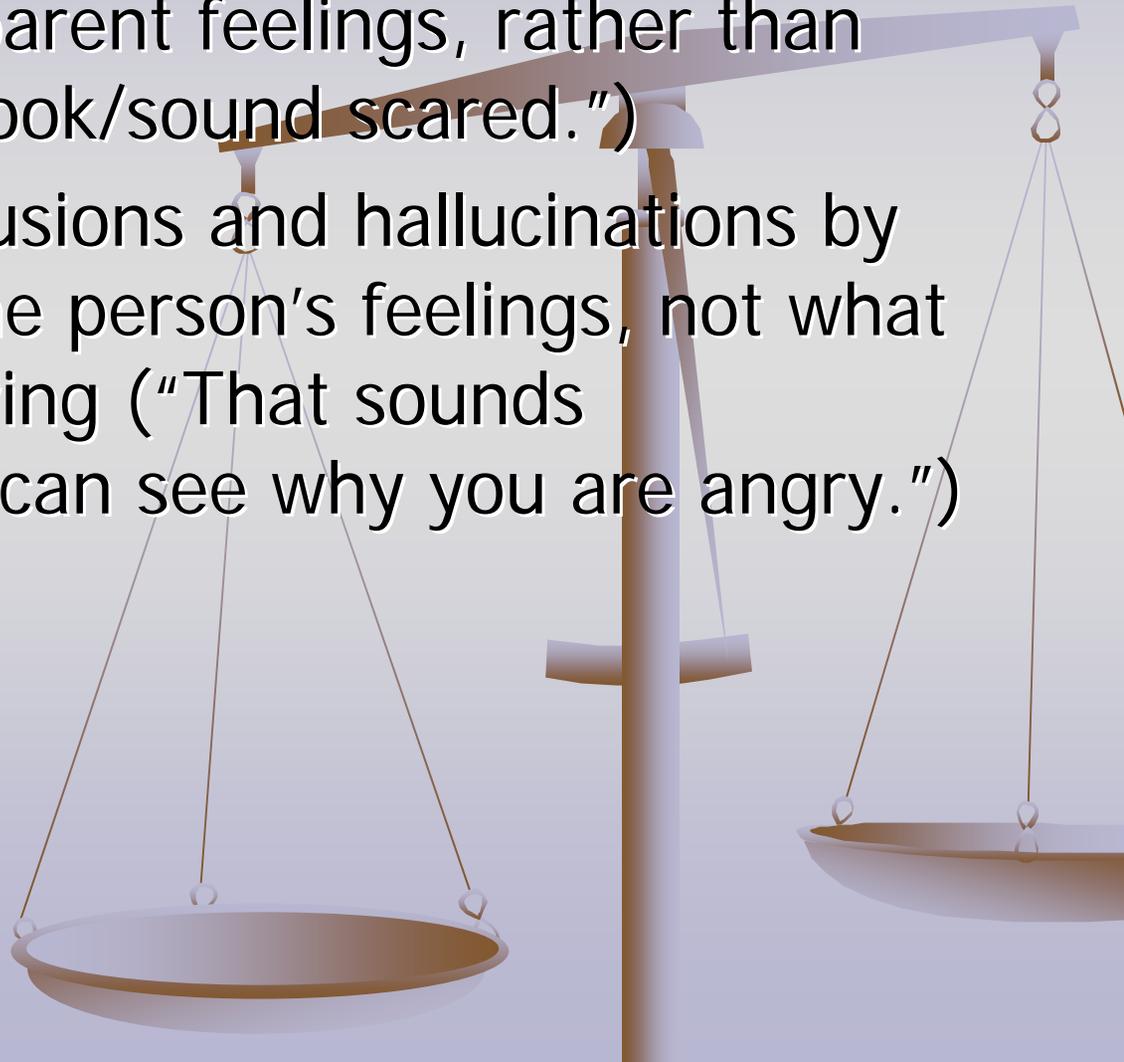
Do, continued

- Be helpful. In most cases people with mental illnesses will respond to questions concerning their basic needs. Ask "What would make you feel safer/calmer, etc?"
- Give firm, clear directions. The subject may already be confused and may have trouble making the simplest decision. Only one person should talk to the subject.



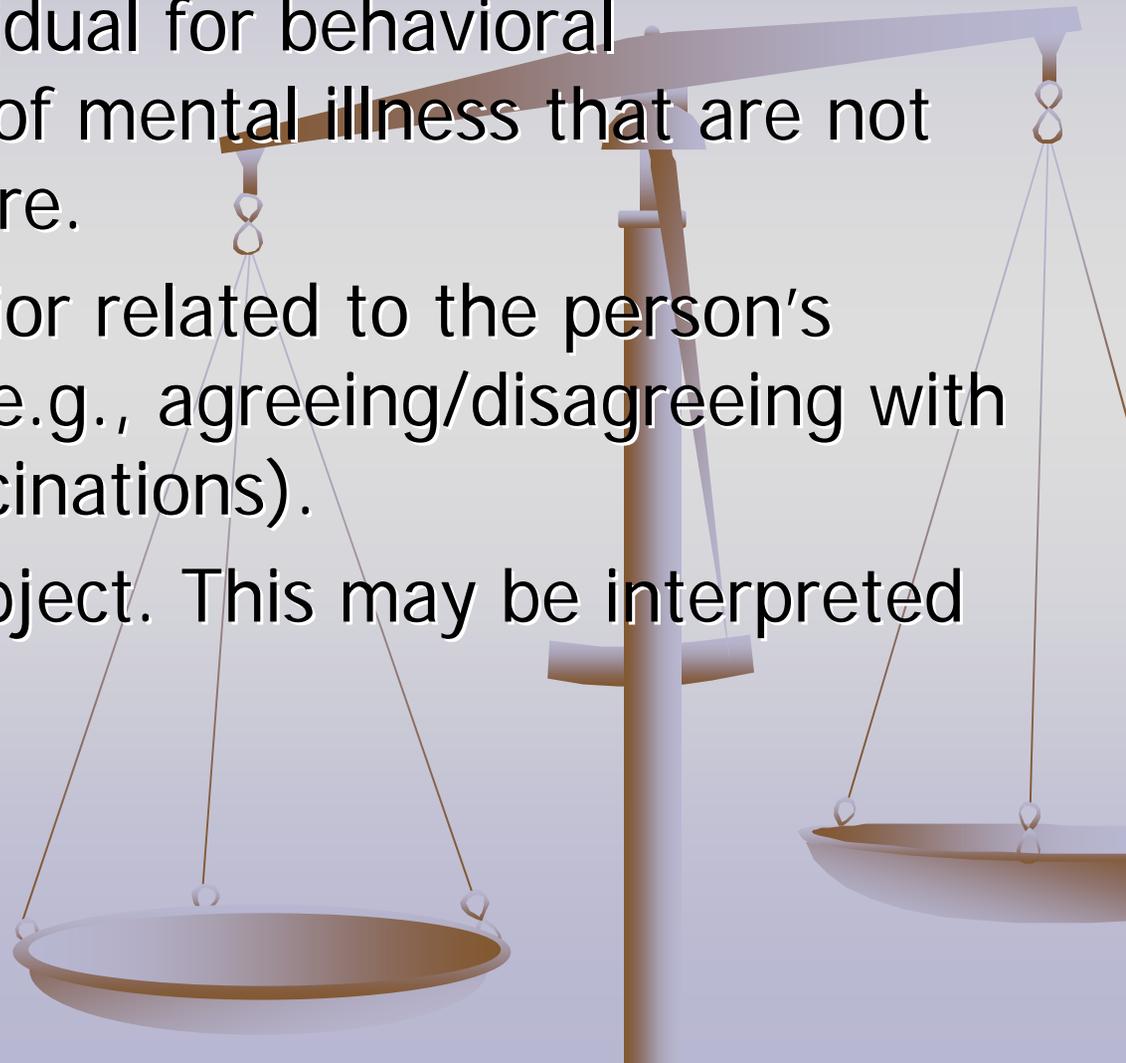
Do, continued

- Respond to apparent feelings, rather than content (“You look/sound scared.”)
- Respond to delusions and hallucinations by talking about the person’s feelings, not what he or she is saying (“That sounds frightening.” “I can see why you are angry.”)



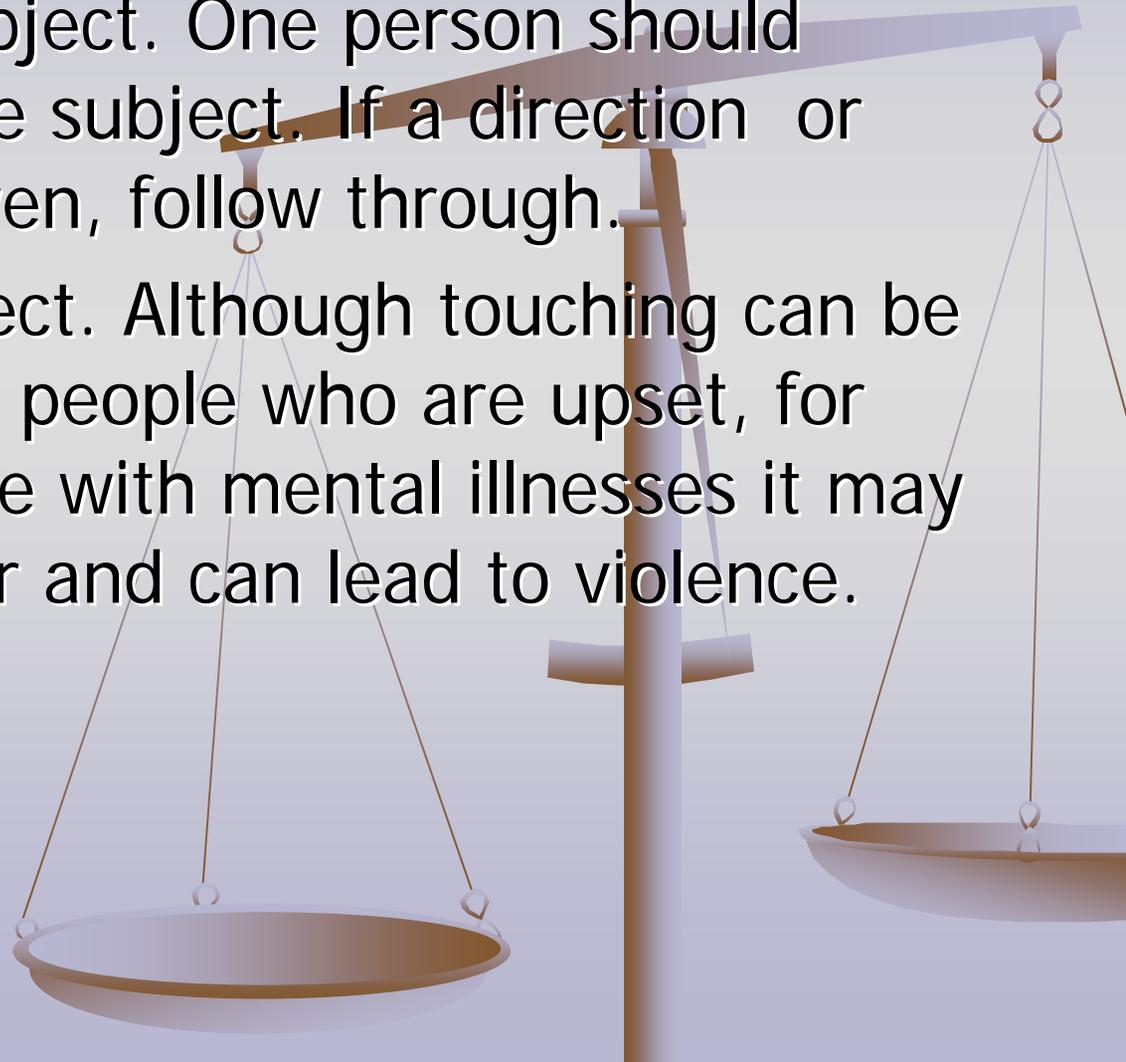
DON'T

- Punish an individual for behavioral manifestations of mental illness that are not criminal in nature.
- Join into behavior related to the person's mental illness (e.g., agreeing/disagreeing with delusions/hallucinations).
- Stare at the subject. This may be interpreted as a threat.



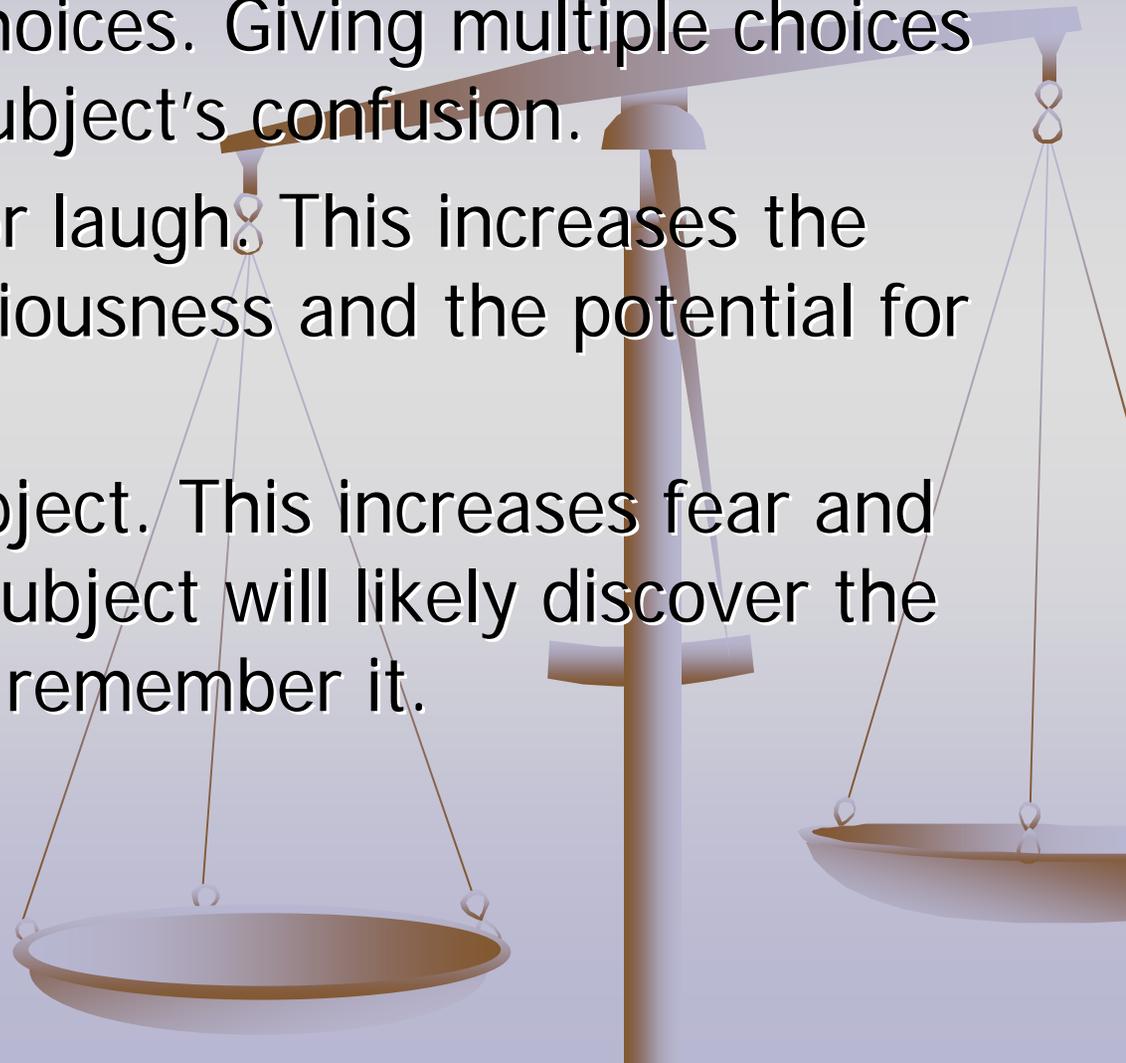
Don't, continued

- Confuse the subject. One person should interact with the subject. If a direction or command is given, follow through.
- Touch the subject. Although touching can be helpful to some people who are upset, for disturbed people with mental illnesses it may cause more fear and can lead to violence.



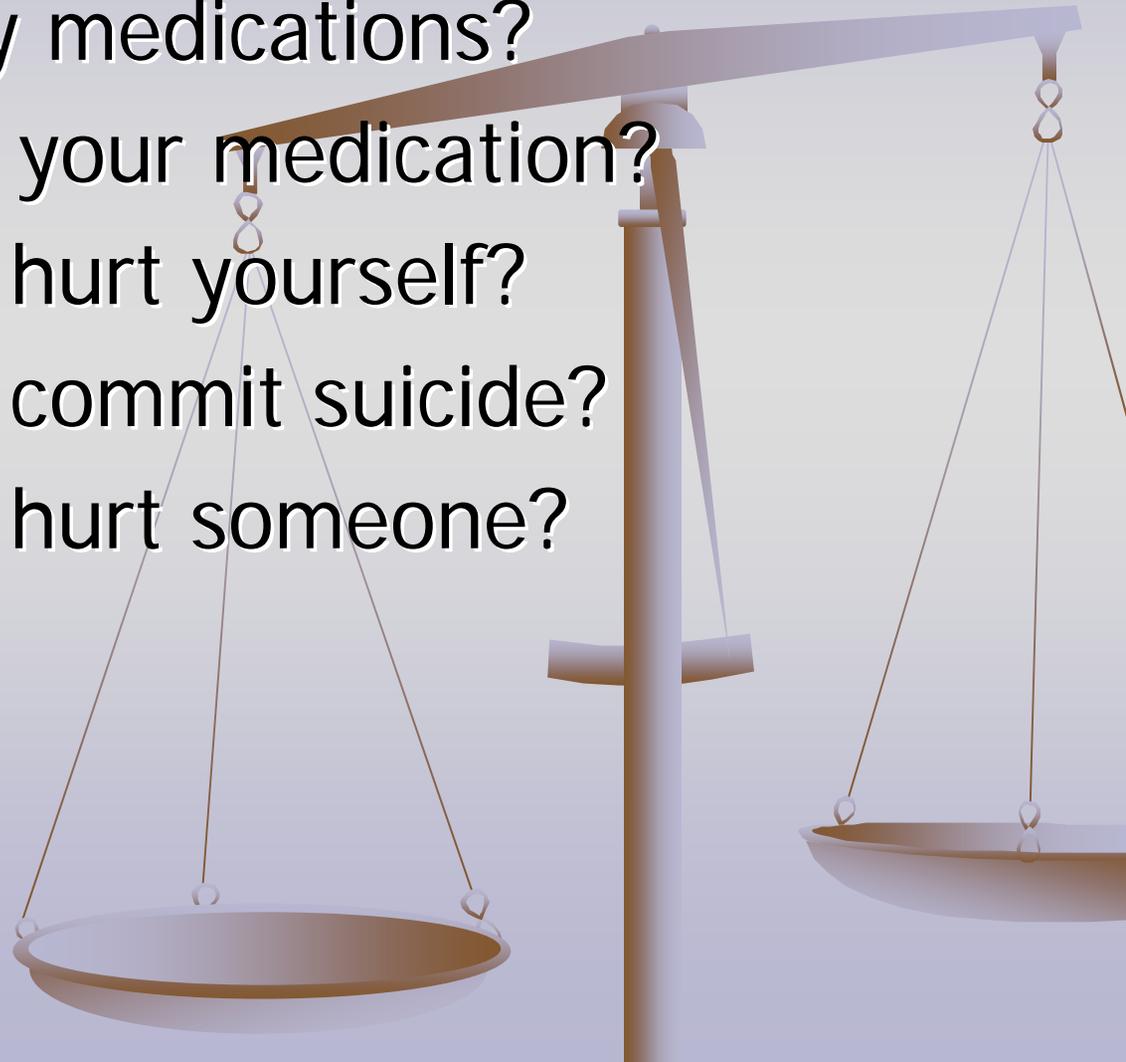
Don't, continued

- Give multiple choices. Giving multiple choices increases the subject's confusion.
- Whisper, joke or laugh. This increases the subject's suspiciousness and the potential for violence.
- Deceive the subject. This increases fear and suspicion; the subject will likely discover the dishonesty and remember it.



Important questions to ask:

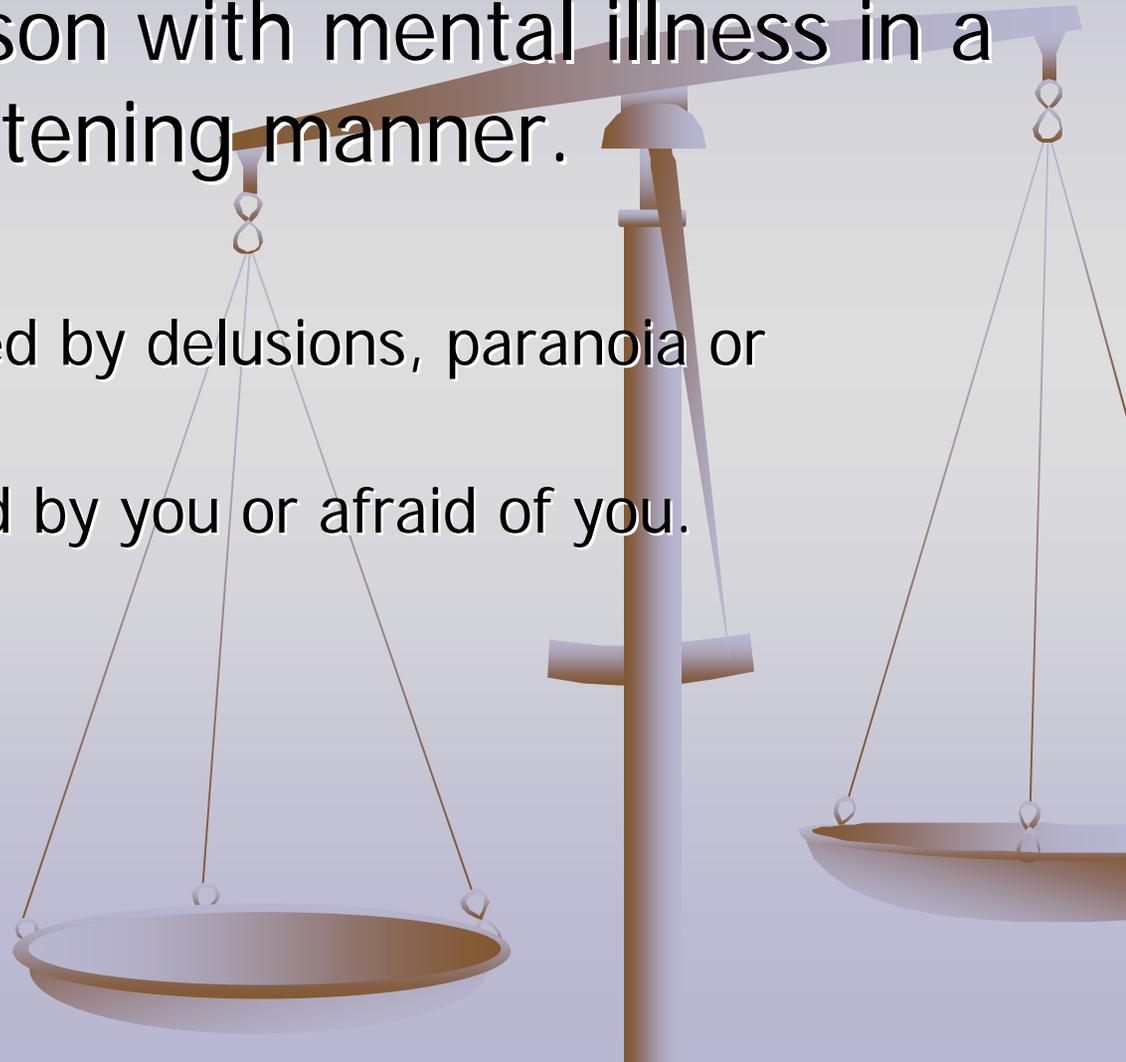
- Do you take any medications?
- Have you taken your medication?
- Do you want to hurt yourself?
- Do you want to commit suicide?
- Do you want to hurt someone?

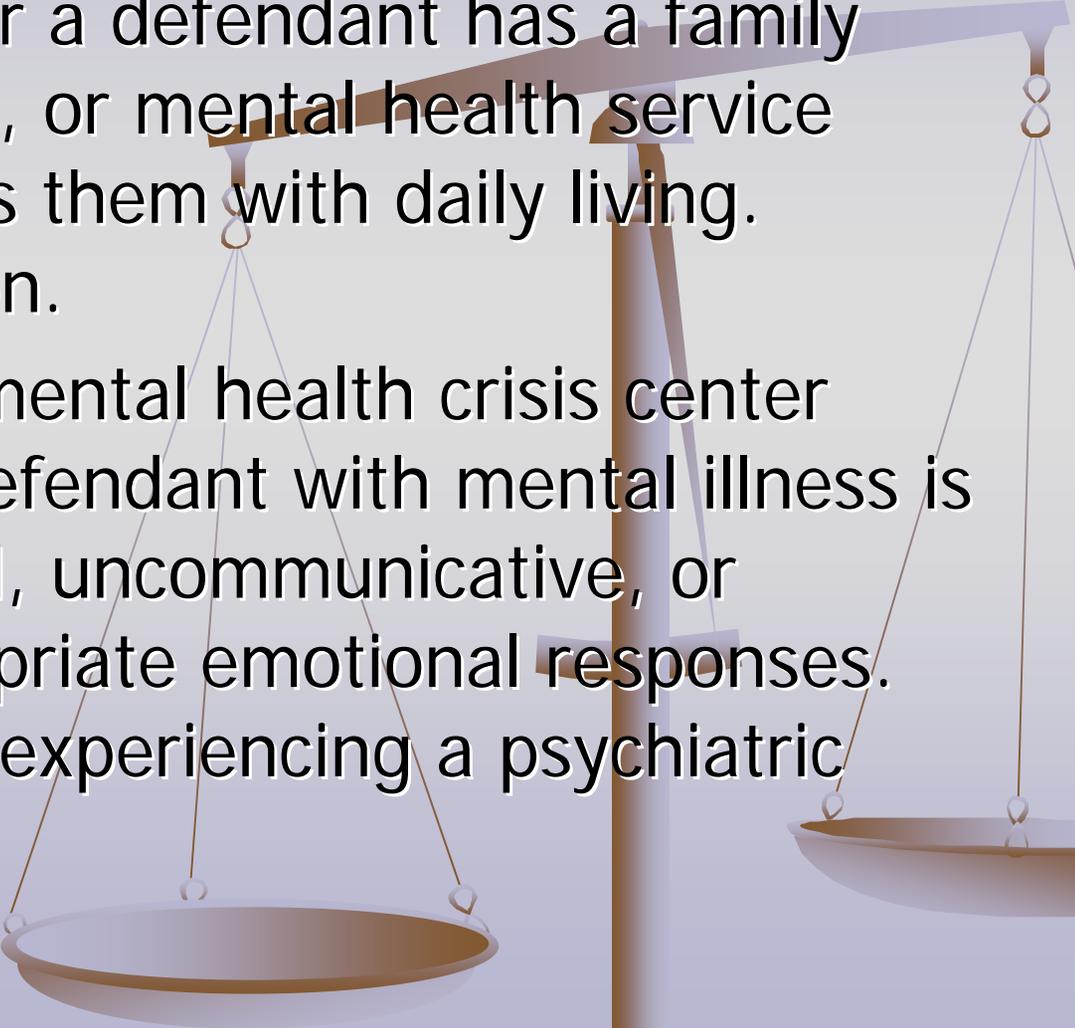


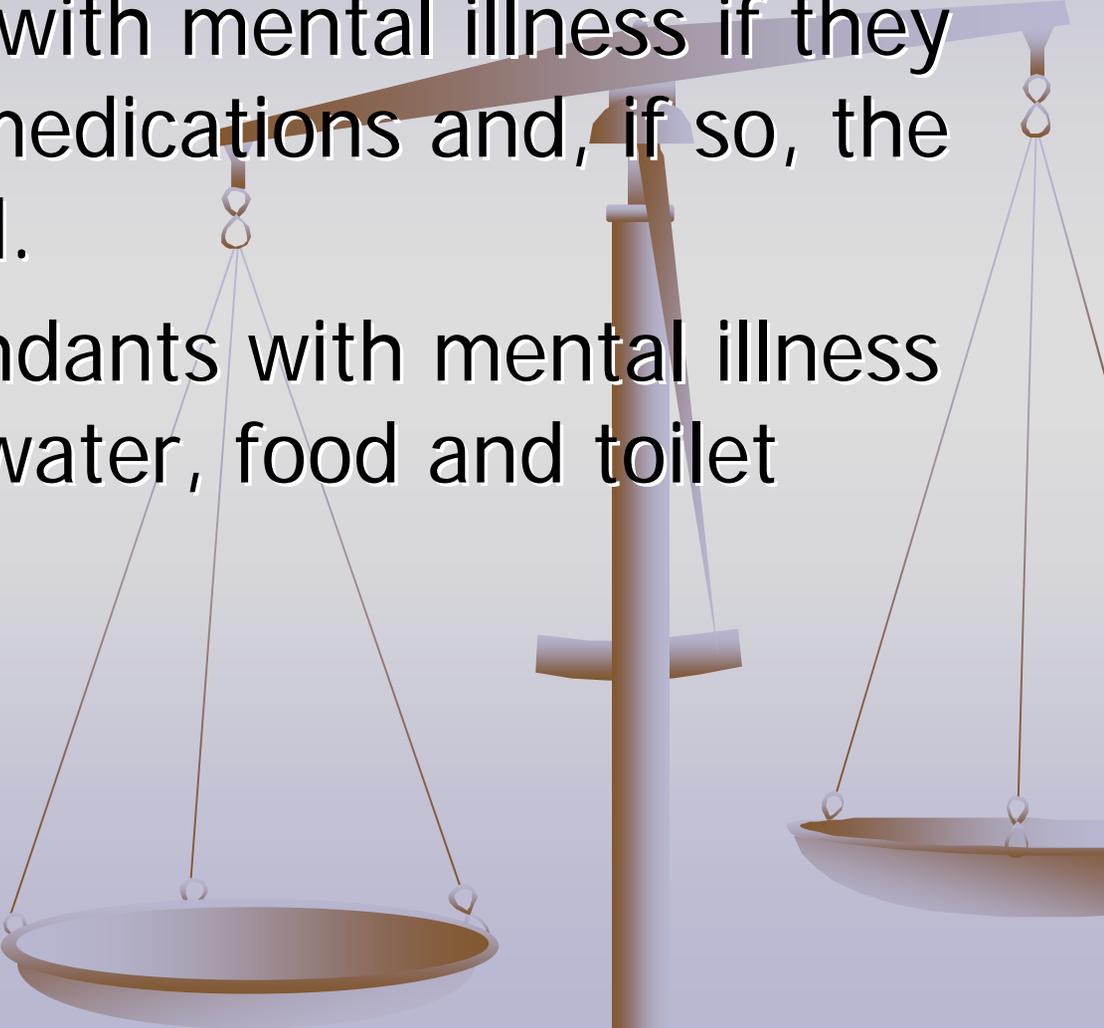
Guidelines:

dealing with persons with mental illness

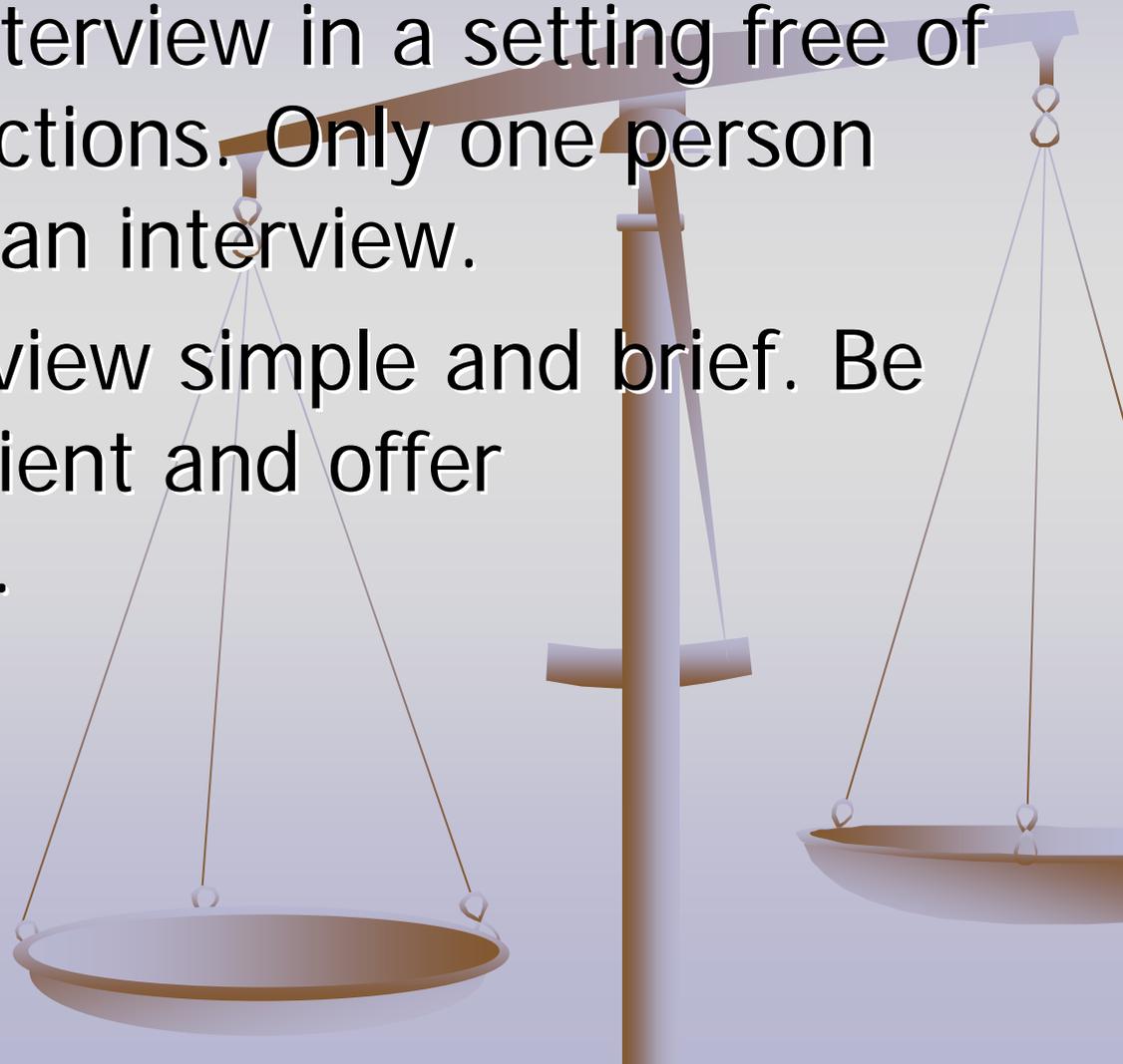
- Approach a person with mental illness in a calm, non-threatening manner.
 - He or she may
 - Be overwhelmed by delusions, paranoia or hallucinations
 - Feel threatened by you or afraid of you.

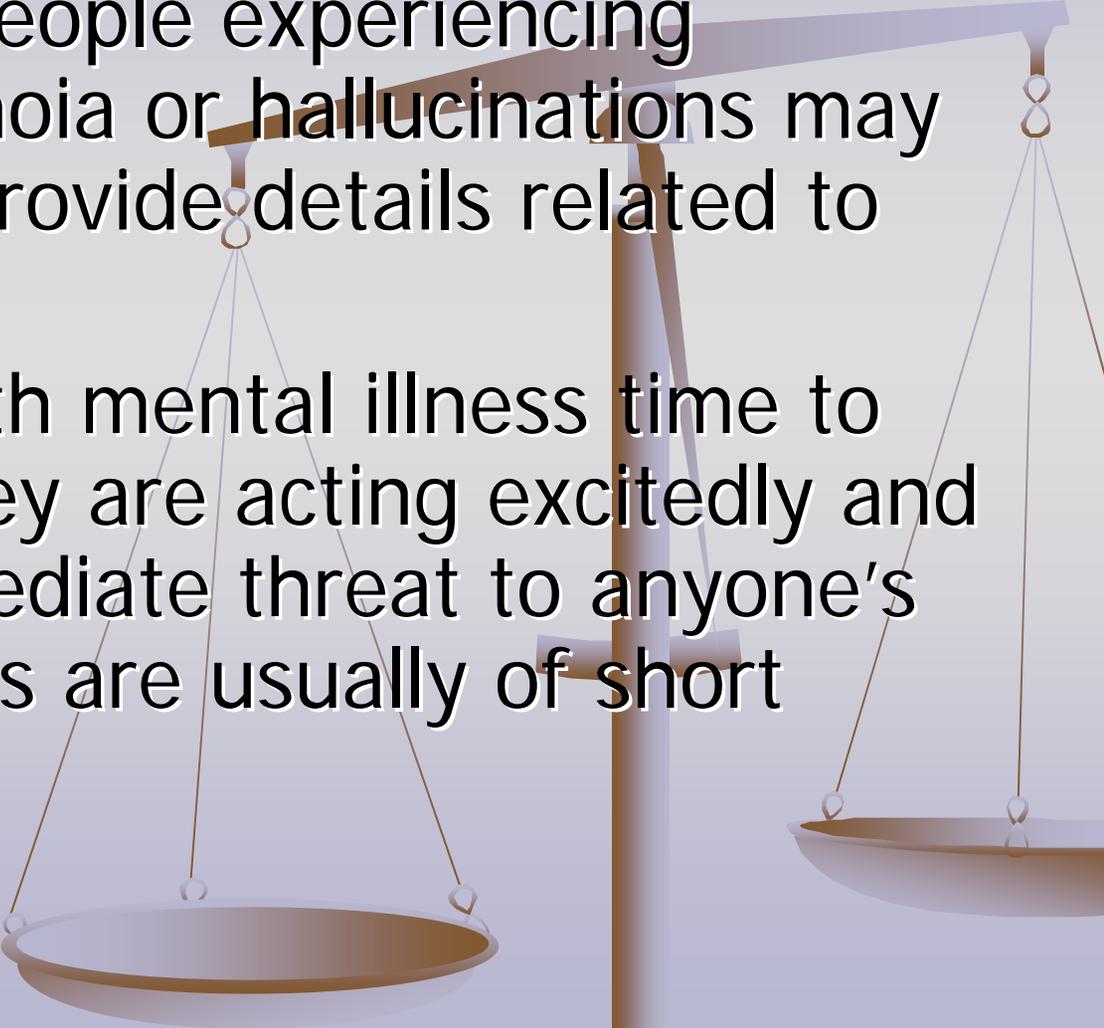


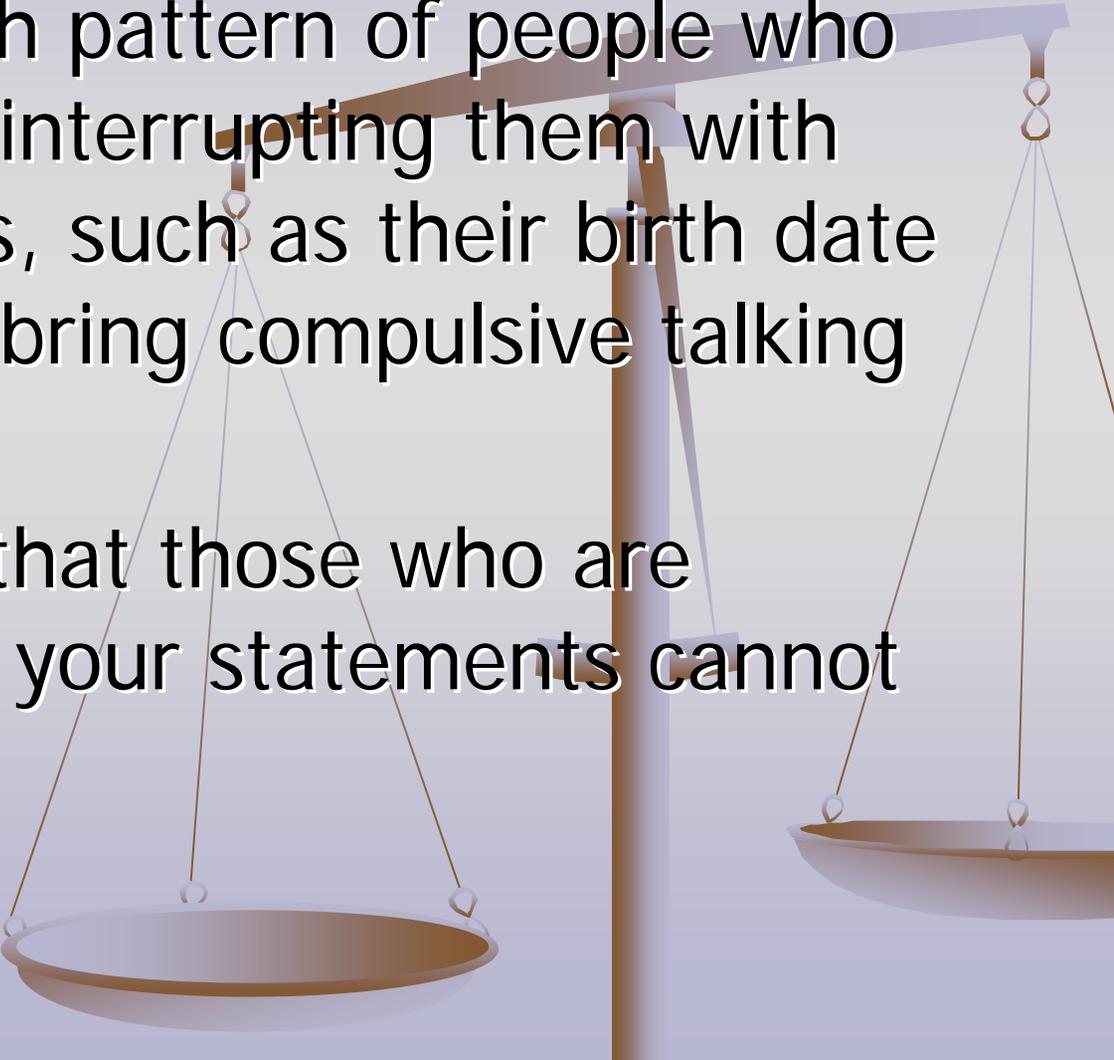
- 
- Determine whether a defendant has a family member, guardian, or mental health service provider who helps them with daily living. Contact that person.
 - Contact the local mental health crisis center immediately if a defendant with mental illness is extremely agitated, uncommunicative, or displaying inappropriate emotional responses. He or she may be experiencing a psychiatric crisis.

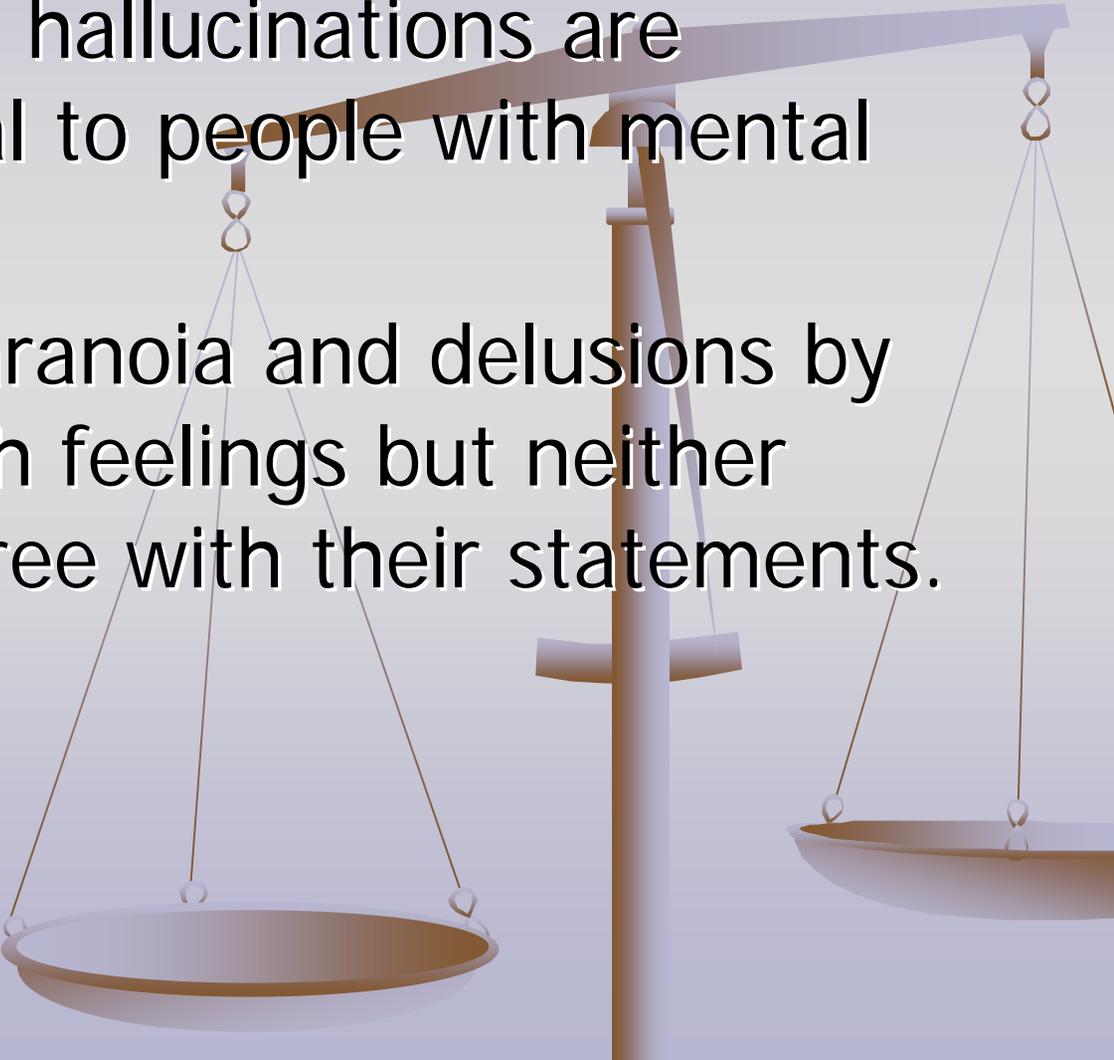
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- Ask defendants with mental illness if they are taking any medications and, if so, the types prescribed.
 - Make sure defendants with mental illness have access to water, food and toilet facilities.

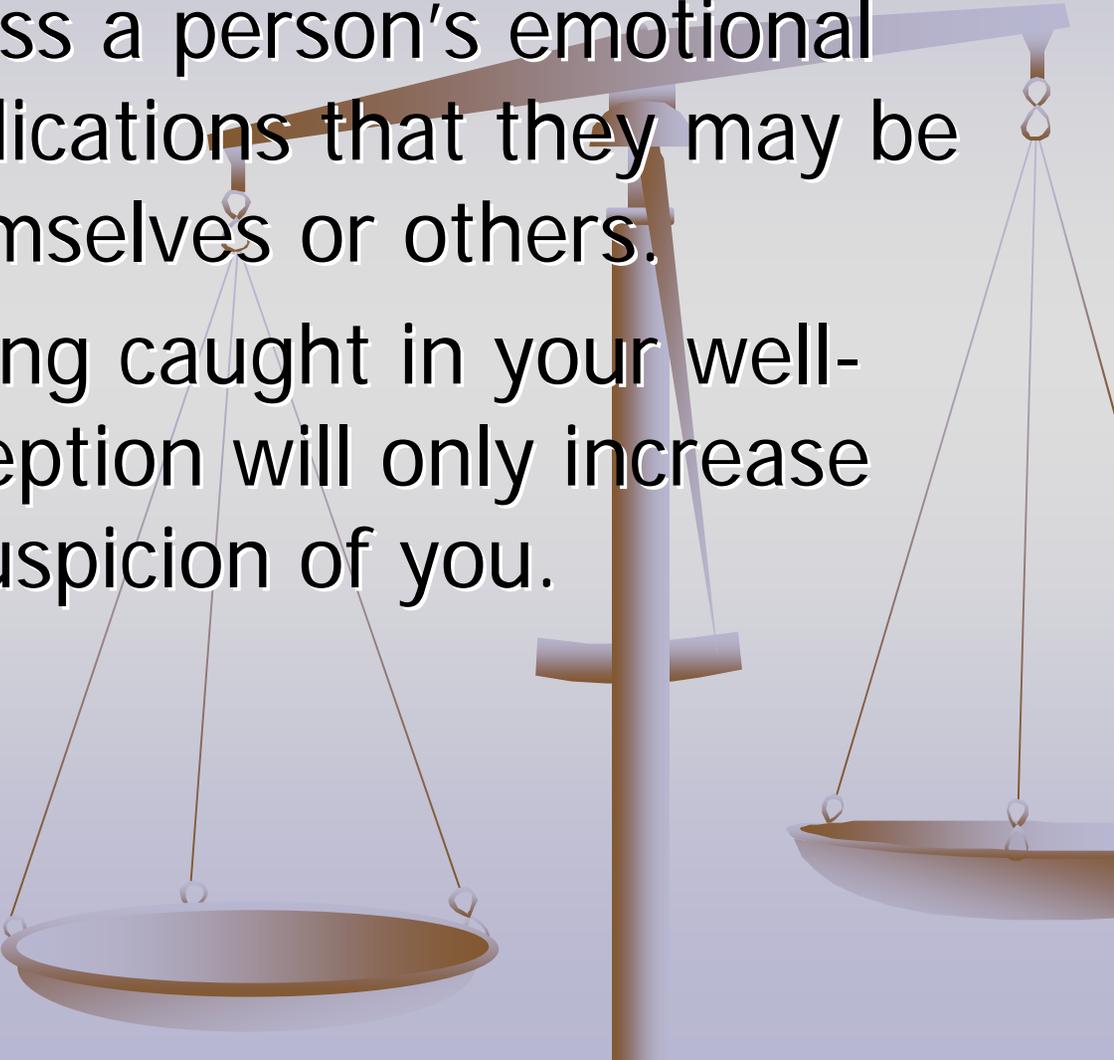
- Conduct your interview in a setting free of people or distractions. Only one person should conduct an interview.
- Keep your interview simple and brief. Be friendly and patient and offer encouragement.



- 
- Be aware that people experiencing delusions, paranoia or hallucinations may still be able to provide details related to their situation.
 - Allow people with mental illness time to calm down if they are acting excitedly and there is no immediate threat to anyone's safety. Outbursts are usually of short duration.

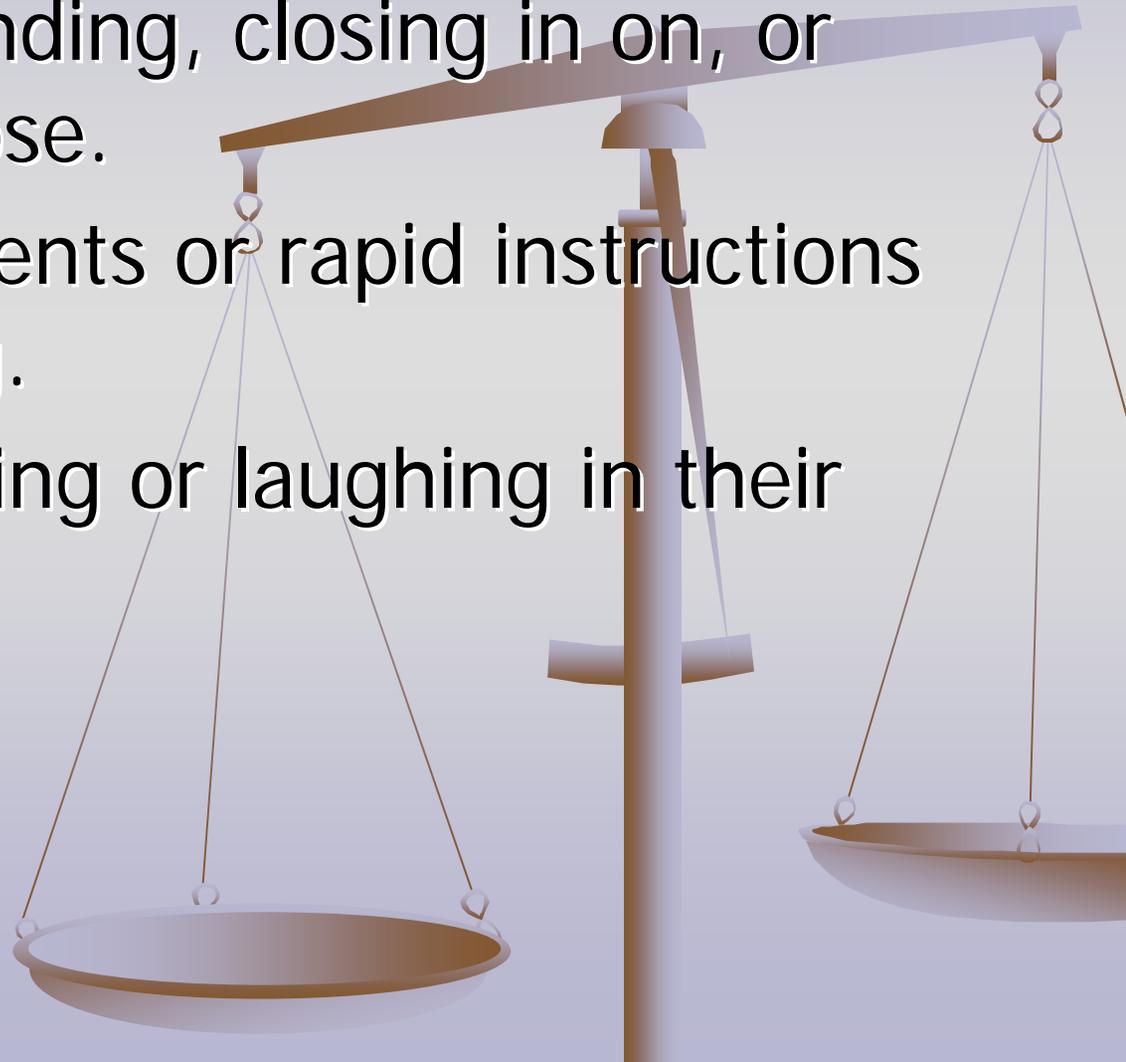
- 
- Break the speech pattern of people who talk nonstop by interrupting them with simple questions, such as their birth date or full name, to bring compulsive talking under control.
 - Do not assume that those who are unresponsive to your statements cannot hear you.

- 
- Understand that hallucinations are frighteningly real to people with mental illness.
 - Acknowledge paranoia and delusions by empathizing with feelings but neither agree nor disagree with their statements.

- 
- Continually assess a person's emotional state for any indications that they may be a danger to themselves or others.
 - Be honest. Getting caught in your well-intentioned deception will only increase their fear and suspicion of you.

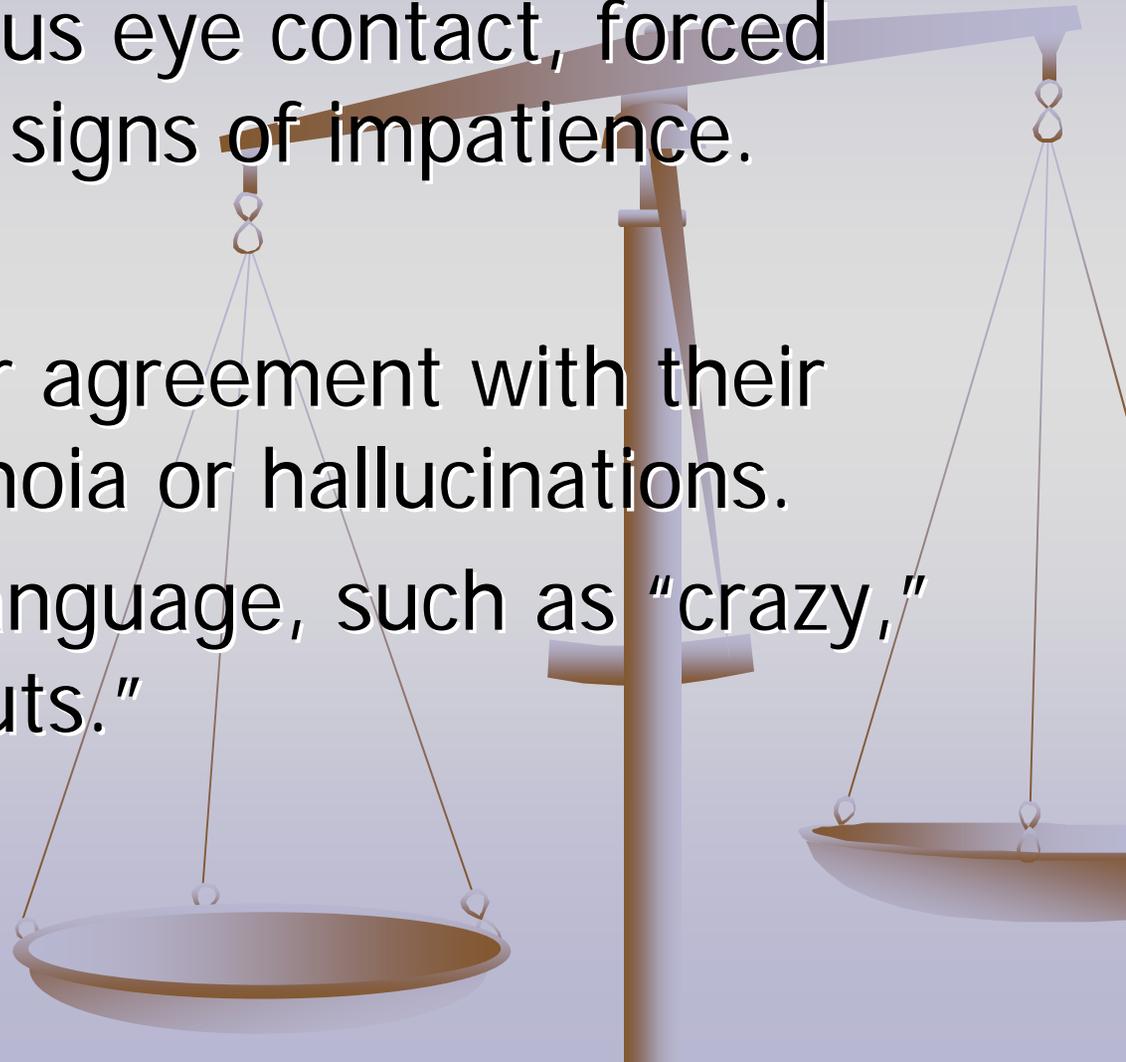
Avoid the following conduct with people with mental illness:

- Circling, surrounding, closing in on, or standing too close.
- Sudden movements or rapid instructions and questioning.
- Whispering, joking or laughing in their presence.



Avoid, continued

- Direct, continuous eye contact, forced conversation or signs of impatience.
- Any touching.
- Challenges to or agreement with their delusions, paranoia or hallucinations.
- Inappropriate language, such as "crazy," "psycho," or "nuts."





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