

# Serious Mental Health Disorders

Behavioral Health Education Series

Episode Two (12/13/2018)



JUDICIAL COUNCIL OF CALIFORNIA

# Disclaimer:

The Behavioral Health Education Series is presented solely for educational purposes. The viewpoints presented during the series do not reflect that of the Judicial Council.



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# OBJECTIVES

- Review definitions of Serious Mental Illness
- Review some of the most common serious mental illnesses and treatments
- Review treatments for the common serious mental illnesses
- Review some other comorbid conditions/illnesses

# SERIOUS MENTAL ILLNESS

No one standard definition

## N.Y. STATE OFFICE OF MENTAL HEALTH

- “A DSM-IV diagnosis other than substance use disorders, organic brain syndromes, developmental disabilities, or social conditions... PLUS
- SSI/SSD
- Extended impairment in functioning (ADLs, social functioning, etc.)
- Reliance on psychiatric treatment, rehabilitation and supports”

A CALIFORNIA LAW THAT  
CONCERNS SHORT-TERM  
DISABILITY DEFINES SERIOUS  
MENTAL ILLNESS AS

- “schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders (including postpartum depression), panic disorder, obsessive-compulsive disorder (OCD), pervasive developmental disorder (autism), anorexia nervosa or bulimia nervosa.”

## SAMSHA DEFINITION

- At any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.
- Serious mental illnesses include major depression, schizophrenia, and bipolar disorder, and other mental disorders that cause serious impairment.



## DEFINITION FROM STEPPING UP INITIATIVE

Based on California Welfare and Institutions Code § 5600.3(b)

- Serious mental illness is a severe disabling condition which impairs behaviors, thoughts, and/or emotions.
- Without treatment, support, and rehabilitation, serious mental illness may interfere with the ability to do any or all of the following: manage activities of daily living, function independently, maintain personal or community safety, achieve emotional or cognitive stability, and/or develop and sustain positive relationships.
- Serious mental illness includes, but is not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. Individuals with serious mental illness may also have substance use problems, developmental disabilities or other physical

# TERMINOLOGY

# PSYCHOSIS

a broad term used to describe some combination of symptoms that involve one or more of these:

- a break from reality,
- perceptual disturbances,
- disorganized or purposeless behavior or speech patterns,
- negative symptoms

# POSITIVE AND NEGATIVE SYMPTOMS

## POSITIVE SYMPTOMS

- Hallucinations
- Delusions

## NEGATIVE SYMPTOMS

- Apathy
- Amotivation
- Anhedonia
- Paucity of thought

# DELUSIONS

Fixed, false beliefs that a person holds,  
even in the face of evidence to the  
contrary

## CHRONIC VERSUS EPISODIC DISORDERS

- Schizophrenia is a chronic illness
- Bipolar disorder is episodic, in that the person has inter-episodic normal functioning

## A CAVEAT ABOUT DRUG USE DISORDERS

- Complicate diagnosis to an enormous degree
- Intoxication can mimic psychosis, mania, even negative symptoms
- Even after intoxication clears, substances can cause ongoing psychiatric symptoms for days, weeks or even months
- Accurate diagnosis is difficult if not impossible during periods of active drug use

# SCHIZOPHRENIA

One common serious mental health diagnosis



# DIAGNOSIS OF SCHIZOPHRENIA

Two of these five, for a significant period of time within a month:

- delusions
- hallucinations
- disorganized speech
- disorganized behavior
- catatonia / negative symptoms

# DIAGNOSIS OF SCHIZOPHRENIA

- Prodrome x 6 months: disengagement from social activities, change in personality/more isolative, irritable, depressed, subtle psychosis symptoms emerging
- Significant impairment in functioning (i.e., at work, in relationships, with ability to care for oneself)

## ANTIPSYCHOTIC MEDICATIONS

- Responses vary: some patients are quite treatment-refractory, some respond very well
- Most medications do not robustly address negative symptoms or cognitive impairment that can occur over the long-term

## SIDE EFFECTS OF ANTIPSYCHOTICS

- weight gain, elevated blood sugar (Diabetes)
- sedation, sleepiness
- Similar appearance as in Parkinson's disease:
- a blunted (or blank-appearing) affect
- move more slowly
- tremor or other involuntary movements

Some side effects can be permanent if left unaddressed

## NON PHARMACOLOGIC INTERVENTIONS

- Non-medication engagement with patients (family therapy, psychoeducation group therapies, socialization and life-skills groups, etc.)
- Especially important for “first-break” (i.e., newly diagnosed) individuals with schizophrenia
- Case management

## SYMPTOMS OF SCHIZOPHRENIA

- Concrete thought process – difficulty with abstract thinking
- Cognitive impairment
- Poor insight – may not believe they are mentally ill, or recognize the symptoms as being a sign of illness
- Blunted affect
- Child-like demeanor
- Internally preoccupied: appearing distracted by or responding to hallucinations; may see lips moving, eyes darting around

## WHAT CAUSES SCHIZOPHRENIA?

- Complex interaction between genes and environment
- Heredity
- Trauma/ other stressors

## WHAT ARE USEFUL STRATEGIES FOR POOR INSIGHT?

A neutral question or statement of observation to the patient – the answer of which would ideally be an unavoidable admission that there is evidence of illness present (...although, sadly, that usually isn't the patient's answer)



## EXAMPLES:

“Mr. Chen, I hear you saying that you don’t believe you have a mental illness, but I notice that various doctors at four different hospitals have found you ill enough to require hospital admission – what do you make of that?”

## EXAMPLES:

“Mr. Johnson, you say that you feel productive and invigorated when you’re off of your mood stabilizer, but it must be difficult to enjoy that when you keep ending up in hospitals and in jail, no?”

# HOW TO TALK TO PATIENTS

- Patients have dignity, deserve some degree of autonomy, deal with stigma
- Are frequently talked down to and often told what's right for them
- I need to maintain humility and I'm not all-knowing
- Thus, I speak to patients in a way that shows respect and an appreciation for their own experience

# BIPOLAR DISORDER

Another common serious mental health diagnosis

## DIAGNOSING BIPOLAR DISORDER

- Episodic illness that involves one or more manic episodes
- Often involves depressive episode(s), but not required for diagnosis to be made

## BIPOLAR DISORDER: MANIA

- Decreased need for sleep
- Racing thoughts
- Pressured speech
- Distractibility
- Grandiose ideas (i.e., a belief that one has special powers or extraordinary capabilities)
- Risk-taking behavior: spending money, an uncharacteristic increase in sex, driving recklessly

## OTHER SYMPTOMS OF BIPOLAR DISORDER

- Can also include:
- Poor boundaries
- Hyper-graphia
- Walking around the city all day and night without break
- Making plans to start several businesses
- Excessively rude/inappropriate behavior that is uncharacteristic for the person to speak of/do otherwise, such as racist comments

## MEDICATION FOR BIPOLAR

- Required long-term, not just while the person is having a manic or depressive episode
- Most medications used for schizophrenia also treat mania
- Mood stabilizers are also used (Lithium, Depakote, others)
- Like schizophrenia, sometimes effective, sometimes not



OTHER DISORDERS

## SCHIZOAFFECTIVE DISORDER

- Includes both the chronic positive and negative symptoms of schizophrenia with the manic episodes of bipolar disorder
- Similar to schizophrenia in terms of treatments, impairment, etc.

# PERSONALITY DISORDERS

- Generally not considered a serious mental illness
- Long term patterns of inner experiences and behaviors that are unhealthy and inflexible and make it difficult for the person to function well in all spheres of life
- Traits, not symptoms

QUESTIONS

I HEAR THE WORD “SELF-  
MEDICATE” A LOT....

## I HEAR THE WORD “SELF-MEDICATE” A LOT....

- A lay term used to describe why an individual (seriously mentally ill or not) might be using drugs/alcohol
- Avoidance
- Post-traumatic stress symptoms, rage, depression, hallucinations

WHAT EFFECT DOES  
INCARCERATION HAVE ON MENTAL  
ILLNESS?

## WHAT EFFECT DOES INCARCERATION HAVE ON MENTAL ILLNESS?

- It depends
- Low functioning/ homeless/ severely impaired: can be helpful
- Higher functioning: can be quite destabilizing



IN WHAT WAYS CAN MENTAL  
ILLNESS CONTRIBUTE TO  
COMMISSION OF A CRIME?

- Relating to AB-1810 eligibility

## IN WHAT WAYS CAN MENTAL ILLNESS CONTRIBUTE TO COMMISSION OF A CRIME?

Can be intimately related; can be not at all related; can be extremely difficult to determine either way

Examples:

- Mania
- Disorganized behavior

# Any more questions?



# Resources:

- Webinar on JCC YouTube Channel by two weeks from today
  - [www.Youtube.com/CaliforniaCourts](http://www.Youtube.com/CaliforniaCourts)
- Behavioral Health Education Series web page
  - <http://jccweb2.jud.ca.gov/cjs-behavioral-health.htm>
- Listserv [Arley.Lindberg@jud.ca.gov](mailto:Arley.Lindberg@jud.ca.gov)
- [CrimJusticeOffice@jud.ca.gov](mailto:CrimJusticeOffice@jud.ca.gov)



# Upcoming events:

Next webinar tentatively scheduled for  
February 7, 2019 from 12:15-1:15pm



## Working with County Behavioral Health



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