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A Training in Early Identification of Mental Illness For Community Supervision Practitioners

This training will focus on persons with serious mental illnesses being supervised in the community. Mental illness refers to a range of disorders characterized by alterations in thinking, mood and behavior that can result in impaired functioning. If left untreated, mental illness will interfere with the person's ability to manage the demands of everyday living and succeed with community supervision.

Mental illness shows itself in many ways. It exists along a continuum that may run from mild to severe. It can be very obvious - in a person's appearance, use of language or behavior, or it may be well hidden and difficult to perceive.

Many people with mental illness are unaware that they have a mental illness. Since our culture continues to attach shame and stigma to mental illness, those who do suspect that they have a mental illness may find it difficult, or even impossible to seek out and obtain treatment. When a person has a serious mental illness and does not obtain treatment, the chances for success in meeting the demands of community supervision are greatly reduced. When the person has a co-occurring substance abuse disorder, failure becomes even more certain. Early intervention thus becomes critical for an individual's recovery and success on probation or in an alternative to incarceration program.

Community supervision practitioners are in an important position to assist with early identification and referral for evaluation and treatment. This training will help community supervision practitioners to better understand serious mental illness and to identify signs of serious mental illness.

INTRODUCTION

Overview

Serious mental illness can be assessed by focusing on three areas:

- The person's behavior
- Symptoms that the person reports
- Evident impairment in day-to-day functioning

It is helpful to understand the:

- Behavioral signs that indicate a person is experiencing symptoms
- Types and nature of the symptoms of mental illness; and
- Typical difficulties that persons with mental illness have when symptoms interfere with day-to-day functioning at home and in the community.

Key Facts

- When compared to the general population, people with mental illness are more likely to be arrested and incarcerated. (Lamb & Weinberger, 1998).
- Currently, an estimated 16% of the criminal justice population in the United States suffers from mental health disorders. (Ditton, 1999)
- The deinstitutionalization of the mentally ill and the criminalization of homelessness (Kupers, 1999) and drug possession (National Center on Addiction and Substance Abuse at Columbia University [CASA], 1998) are factors in the increasing incarceration rates.
- Prisoners have four times the rate of mental health disorders and seven times the rate of substance abuse disorders than in the general population. (Robbins and Reiger, 1991)
- Once caught up in the criminal justice system, people with severe mental illness who are not engaged in treatment are likely to enter a revolving door of arrest and incarceration. (Harrington, 1999)

Goals

This training is designed to:

- Enhance the user's awareness of the presence of serious mental illness in persons under community supervision
- Increase understanding of serious mental illness, and
- Develop the user's skills in identifying persons with serious mental illness to facilitate referrals for evaluation and treatment

MENTAL ILLNESS

Definition of Serious Mental Illness

Serious mental illness refers to disorders in thinking, mood and behavior. While most serious mental illnesses are lifelong, people can and do recover from them.

While there is no definitive cause of mental illness, biological, psychological and social environmental factors all play a role in the development of mental illness. (Mental Health: A Report of the Surgeon General, 1999) The person's current situation as well as past experiences must be taken into consideration. Causes are most often beyond the control of the person or the family, however, most display a wide range of capacities to cope, demonstrating resilience.

Research has clearly indicated that serious mental illnesses have a primary physiologic, biochemical basis. This problem in biochemistry is likely to be genetic. However, like other health problems, it is negatively affected by environmental stress and positively affected by a low stress environment. The person can develop the ability to cope with the environment and the physical symptoms of the disorder.

Biological factors may include:

- Genetic predisposition
- Biochemical imbalances
- Fetal exposure to drugs or other toxins
- Medical problems
- Poor health, nutrition and hygiene
- Impact of drug abuse or dependence

Psychological factors may include:

- Impact of life events
- Personality
- Developmental delays
- Learning difficulties
- Impact of trauma

Significant social/environmental factors may include:

- Parenting problems (poor parenting skills, and/or difficulty coping with a child's symptoms of mental illness)
- Exposure to family or community violence
- Family distresses (stressors impacting on family life such as employment problems, financial problems, illness, loss, relationships, school related problems, legal problems)
- Stress of chronic poverty
- Loss of significant others due to death, divorce, broken relationships, illness, mental illness, drug addiction or incarceration

It is important to keep in mind that these factors generally interact in their contribution to the mental illness.

The New York State Office of Mental Health refers to the most serious mental illnesses as severe and persistent mental illness.

RELATIONSHIPS

Mental Illness Overview

As a foundation for this training, this section will **(1)** define severe and persistent mental illness and **(2)** discuss the relationships between serious mental illness and:

- (a) Recovery**
- (b) Treatment**
- (c) Substance abuse relapse**
- (d) Recidivism**
- (e) Violence**
- (f) Post traumatic stress disorder (PTSD)**
- (g) Suicide**
- (h) Women**

Recovery

While there is no cure for mental illnesses, recovery is possible (Anthony, 1993). Recovery is most often referred to as a process that incorporates a message of hope. For the person with serious mental illness, recovery involves:

- Symptom management - finding ways to relieve symptoms of the illness, to reduce the severity and recurrence
- Developing self-care practices and pursuit of wellness
- Connecting with other people
- Finding social roles and meaningful activity in family life, employment, career, or volunteerism

(Jacobson and Greenley, 2001)

The US Surgeon General's Report on Mental Health, released in December 1999, asserts that most mental illness can be successfully treated resulting in stabilization and recovery. The report further acknowledges that with the tremendous improvement in the ability of new drugs to alleviate symptoms, there is hope for recovery and restoration of meaningful and productive living for people with serious mental illnesses. The report also emphasizes that, in addition to treatment, recovery should be supported by the availability of a wide range of services to provide a comprehensive, continuous system of care, such as

- Housing
- Clinic services for medication and medication management
- Treatment and rehabilitation programs
- Financial assistance
- Case management
- Peer supports and self-help programs
- Medical services and supports for physical health and well-being

(Mental Health: Report of the Surgeon General, US Department of Health and Human Services, 1999)

Treatment

Persons with serious mental illness can achieve very high levels of recovery and rehabilitation. The degree of recovery depends upon many factors, including the severity of the illness, individual responses to medication and other therapies, and family and community supports available to the individual. To assist people in their pursuit of recovery, the New York State Office of Mental Health recommends the following best practices:

- Medications with proven efficacy and medication management programs
- Training in wellness self-management
- Assertive community treatment & case management
- Family psycho-education
- Supported employment
- Integrated treatment for co-occurring disorders
- Self-help and peer support
- Addressing the impact of trauma

Current practice views the community as the preferred setting for effective treatment of serious mental illness. Factors associated with effective community treatment for people with severe mental illness involved with the criminal system include:

- Commitment to, engagement in, and regularity of participation in treatment
- Approaches that integrate the individual's accountability to the court and the recovery aspects of treatment
- Communication and continuity of treatment between corrections and the community
- Pre-release preparation/planning for, and linkage to, treatment
- Monitoring of engagement in community based treatment
- Access to integrated community based services including housing, employment, education, healthcare and self-help resources

Substance Abuse & Relapse

Many individuals with serious mental illness involved with the justice system also have a co-occurring substance abuse disorder. Research is unclear as to whether these are two independent overlapping disorders, or if what appears to be two disorders actually has some common etiology. People with serious mental illnesses use street drugs for many of the same reasons as people without a serious mental illness. In addition, it is often the case that people with serious mental illness use substances as a way to manage the symptoms of their mental illness. Some individuals prefer street drugs to medications, or they use street drugs to alleviate uncomfortable side effects of certain medications.

When people with serious mental illness are not involved with the mental health service system, they do not have access to prescribed medications, treatment, housing, Medicaid and other social services. Without these services in place, they may rely more heavily on street drugs to try to manage their illnesses.

While street drugs are perceived to offer some temporary relief, ultimately the use of alcohol and street drugs will exacerbate the symptoms of serious mental illness. Some symptoms will improve somewhat after detoxification, but the symptoms of mental illness will continue to require treatment, which usually includes both therapy and medication. (Some symptoms of serious mental illness actually emerge as the person goes through drug withdrawal.)

Where the individual has a serious mental illness with a co-occurring substance abuse disorder, recovery issues become more complex. The recommended treatment for co-occurring disorders integrates best practices of treatment from both mental health and chemical dependency treatment. Integrated treatment involves multi-disciplinary cross-trained staff providing services for both disorders in a single setting. Treatment must be tailored to individual needs and incorporate preferences. Oftentimes existing treatment services offer parallel services in mental health and substance programs, or sequential treatment. This approach, once called "MICA Treatment" (for mentally ill chemical abuser), is rapidly moving toward integrated programs.

Recidivism

Research indicates that clinical interventions may reduce the recidivism rates of those persons with mental illness involved with the criminal justice system by integrating mental health treatment and criminal justice supervision. (Steadman, Deane, et al., 1999) Ideally, staff from each discipline should be cross-trained and work as a team.

Violence

Research indicates that the vast majority of people with mental illness are no more dangerous than the general population (Teplin, Abram, & McClelland, 1994; Criminal Justice/Mental Health Consensus Project, 2003). In fact, individuals with mental illness are more likely to be victims of violence. (Link & Stueve, 1994) There is however, increased risk in a small subgroup of persons with mental illness. Co-occurring substance abuse poses much greater risks for violence than does mental illness alone. (Steadman, Mulvey, et al., 1998)

Some of the factors that can contribute to the possibility of increased risk include:

- Substance abuse
- History of prior violent behavior (Monahan et al., 2001; Soliman and Reza, 2001)
- Familial factors including exposure to violence, abuse and alcohol or drug dependence (Monahan et al., 2001)
- Medication refusal and lack of therapeutic involvement coupled with other factors
- Negative environmental factors including lack of social supports, basic needs unmet, and unemployment (Monahan et al., 2001; Estroff et al., 1994)
- Health problems including neurologic, endocrine, head injury, chronic pain, and others
- Situational factors including losses, changes in stability, family problems

Mental health related factors that may be associated with increased risk include:

- Anger - the degree of anger, the perception of provocation and presence of alcohol or other drugs may increase risk (Awalt et al., 1997; Monahan, 2001; Novaco, 1994)
- Impulsive behavior has been significantly correlated with "impulsive aggression"
- Fantasy of violent acts - the frequency, duration and content are all significant (Grisso et al., 2000)

When treatment and effective support services are available and utilized, risk of violence is decreased. If these elements are not in place, some persons with mental illness may commit violent acts. (Dvoskin and Steadman, 1994)

Post-traumatic Stress Disorder (PTSD)

Trauma is the reaction to an overwhelming negative life event or experience (examples include child abuse or neglect, sexual victimization, exposure to serious and disturbing violence within the family or in the community, surviving particularly violent accidents and catastrophes and others). Post traumatic stress may arise in reaction to these events, when the individual has experienced intense threat to his/her personal safety and is overwhelmed by the extreme fear, anxiety and helplessness associated with that threat. Many people who experience trauma are resilient and return to normal functioning within relatively short periods of time. For others, especially those who endured prolonged exposure to traumatic experiences, a post-traumatic stress disorder may develop.

Some people experience intrusive recollections of the experience, while others may have amnesia about the events. Frequently people with PTSD will avoid activities, situations or people who arouse recollection of the event. PTSD includes a variety of symptoms, but not all symptoms are experienced by all people with PTSD, and some symptoms are intermittent.

These symptoms include:

- Diminished response to the external world (sometimes referred to as “psychic numbing”)
- Markedly diminished interest in previously enjoyed activities
- Feeling detached from other people
- Reduced ability to feel emotions
- Persistent symptoms of anxiety
- Hyper-vigilance
- Sleep disturbances
- Exaggerated startle response
- (Sometimes) outbursts of anger
- Difficulty concentrating
- Difficulty completing tasks

Many of these symptoms are similar to symptoms of anxiety or depression that often accompany serious mental illness.

PTSD is common in both people with substance abuse disorders and those with serious mental illness and most common in people with co-occurring disorders. Sources of trauma may include family violence, childhood abuse, victimization resulting from homelessness, street crime, or community violence. Many individuals experience incarceration or hospitalization as traumatic or they become victims of violence in those settings.

Not all persons with serious mental illness have experienced victimization. However, identification and treatment in those who do suffer from PTSD can play a key role in preventing relapse and promoting recovery.

Suicide

The risk of suicide in persons with serious mental illness is greater than in the general population. While it is clearly a risk for those with mood disorders, serious depression frequently accompanies other serious mental illnesses. Episodes of depression can be intermittent and may emerge rapidly. Community supervision professionals working with people with serious mental illness should remain alert to any sign of marked change in mood or behavior and should respond to these signs.

Some facts about suicide (Bongar, 1992):

- Eight out of ten people who kill themselves have given definite clues and warnings of their self-destructive intentions.
- Suicidal thoughts, feelings and intent are often short-lived reactions to situations (e.g. in response to criminal adjudication and correctional detention) or major losses (death of a loved one, loss of a job or status in the community, etc.), often having no connection to underlying major mental illness.
- A major loss (as described above), however, may lead to suicidal feelings, thoughts and intent in a person with a serious mental illness.
- The best indicators of a future suicide attempt on the part of any individual are a suicide plan and past suicide attempt(s).

Any evidence of current suicidal thoughts, feelings or intent warrants immediate referral for a mental health evaluation. When making the referral, be sure to indicate the urgency of the situation. In case of emergencies, the person should be seen at a mental health crisis service (such as hospital emergency rooms, mobile mental health crisis units, or psychiatric hospitals).

Gender:

Women

Recently, there has been increased attention to the problem of the unmet needs of women involved with the criminal justice system, including those returning to their communities from jail and prison. Women with serious mental illness involved with the justice system, along with other women, have treatment and service needs that differ from those of men. Particular attention should be paid to the incidence of sexual abuse, trauma, and prolonged exposure to abusive and violent relationships (Kuper, 1999). Women are driven by attachment to their children, many of whom are in the care of family members, the foster care system or institutional settings. Women with serious mental illness, need treatment and services that are responsive to these issues in order to engage in treatment and other therapeutic services and to embark upon recovery.

TYPES

Symptoms of serious mental illness range from disturbances of thoughts and perceptions, serious disturbances in mood, excessive and inappropriate anxiety and cognitive dysfunctions. Let's take a closer look at some of these symptoms and the disorders which they characterize.

Disorders of Cognition:

Disorders Characterized by Symptoms of Psychosis

The most common diagnosis of serious and persistent mental illness is schizophrenia. It is characterized by two broad categories of symptoms, positive and negative. Positive symptoms are delusions, hallucinations and disorganized speech. These symptoms of psychosis are often accompanied by cognitive dysfunctions including problems with concentration, focus and memory.

Delusions

Delusions can be defined as a disturbance in perception that leads to false beliefs which are experienced as powerfully real to the individual, and held in spite of evidence to the contrary. (US Surgeon General, 1999)

Characteristics of Delusions:

- Unusual or bizarre thoughts and beliefs.
- An earnest belief that unrelated events are connected in ways that are, at best, highly improbable, if not impossible.
- In speaking, individuals may merge a number of separate ideas into a single train of thought or belief system that makes no sense to the listener.
- Delusions can be limited to a single bizarre thought or can comprise number of bizarre thoughts and otherwise unrelated ideas.
- Individuals' views and explanations about people and events around them may not conform to generally accepted beliefs.

Typical delusions involve the belief that one's thoughts:

- Are controlled by others
- Are perceptible by others and can actually be "stolen"
- Can be inserted into one's head by others
- Can be broadcast via television, radio or other mediums (e.g. printed advertisements, the internet, etc.)

Hallucinations (auditory, visual, olfactory, kinesthetic)

Hallucinations are sensory perceptions (where the individual hears, sees, smells or feels things) that have a compelling sense of being real, but occur without sensory stimulation. (American Psychiatric Association, 1994)

Characteristics of Hallucinations

- An individual hears a voice or voices speaking. The voices may be speaking to him/her, arguing, or criticizing the person's thoughts and actions. Rarely, the voices may instruct the individual to do things.
- An individual may believe that the voices or conversations are coming from a radio, TV or adjoining room.
- An individual may see, feel or smell something that he/she perceives as real but there is no support by any physical occurrence.

(People who do not have serious mental illness can also experience hallucinations as a result of the impact of surgery, high fever, drug overdose, withdrawal, or other health related factors.)

Negative Symptoms

Negative symptoms include flattened affect (a limitation in the range and intensity of emotions), restrictions in speech and the lack of goal directed behavior. (American Psychiatric Association, 1994)

Evidence of negative symptoms may include:

- Dull, monotone, expressionless speech.
- No variation in facial expression regardless of subject being discussed.
- Attention appears to be "somewhere else" – the person does not connect or engage with others.

Additional Signs

- Disheveled, disorganized appearance.
- Disorganized speech, that is, the conversation does not flow properly or "make sense."
- Responses to questions are interrupted by frequent and sudden mid-sentence pauses.
- Engaging in behaviors that are completely out of sync with social expectations and context or that don't make sense.

Mood & Bipolar Disorders:

Mood Disorder

Mood disorders refer to an imbalance in a person's mood and energy level. The two primary categories of mood disorders are major depression and bipolar disorders (also known as manic-depressive illness). Mood disorders do not usually involve thought disorders (e.g. delusions, hallucinations), but there are instances where mood disorders are accompanied by these disturbances. An example of this is when during a manic phase of bipolar illness, the person may believe that he/she is very rich, and powerful, and/or possesses unusual talents (delusion of grandeur). When these symptoms accompany a mood disorder, they often disappear once the mood disturbance is stabilized.

The following symptoms do not all have to be present for a diagnosis of major depression. These symptoms will appear in clusters and impact the individual for significant periods of time. Symptoms can include:

- Low self-esteem (worthlessness, helplessness)
- Feelings of sadness, detachment and hopelessness
- Episodes of tearfulness
- Loss of interest in people and formerly pleasurable activities

- Significant gain or loss of appetite with associated weight gain/loss
- Lack of energy, lethargy and fatigue
- Inability to concentrate and make decisions
- Insomnia
- Excessive sleeping
- Recurrent thoughts of death
- Recurrent thoughts of suicide
- Plan for suicide
- Suicide attempt

Bi-Polar Disorders

Bipolar disorders are those in which there is a disturbance in the regulation of mood. Persons with bipolar disorder will experience one or more episodes of mania, which may alternate with periods of depression. Some individuals have regular shifts between mania and depression that cycle at relative intervals. A person in a manic phase of bipolar illness experiences a sense of euphoria or “high” which, at its extreme, often leads to acts lacking in sound judgment. This behavior can result in injury and/or arrest and/or hospitalization. Frequently, people will resist treatment for a manic episode because they do not want to relinquish the “manic high” entirely.

Hypomania, is a similar symptom, however, a hypomanic episode is not as extreme as mania and may be brief. Hypomanic episodes may be interspersed during a major depressive episode. The hyperactivity level in hypomania is sufficiently accelerated to interfere with the person’s ability to function both in relationships and in meeting the demands of daily living.

RECOGNIZING SIGNS

Introduction to Recognizing Signs of Mental Illness

People who suffer from serious mental illness vary greatly in the way their symptoms manifest. A number of factors may influence the presentation of symptoms, including:

- (1) The type of mental illness;**
- (2) The degree to which the illness is being treated with or responsive to medication;**
- (3) Medication side effects;**
- (4) The presence of a co-occurring substance abuse disorder;**
- (5) The experience of trauma associated with the crime itself and/or the length of time the person has been in custody; and;**
- (6) Personal beliefs about the consequences of revealing one's mental illness.**

If you have to conduct an interview in a holding cell, courtroom or jail, you may have a difficult time determining whether the interviewee has a mental illness. These interviews tend to be hurried, and their settings do not communicate safety or trust. Interviewees are likely to be guarded, at best.

The following interviewing and identification guidelines are a means for probation and alternative-to-incarceration (ATI) personnel to become sensitive and alert to "signs" that the person may be suffering from a serious mental illness. These guidelines are in no way intended to serve as a diagnostic tool. Through the use of these scripts and guidelines, probation and ATI personnel will be better able to identify the possibility of a mental illness in an individual and then take the vitally important step of referring that individual for assessment by a trained mental health professional.

APPEARANCE

Appearance and Behavior

Instruction:

While you are conducting the interview take note of the presence of any of the following attributes and behaviors. Be aware that while these attributes and behaviors can mean many things, they may, in conjunction with answers to the interview questions, serve to support an impression of mental illness in the person being interviewed.

- “Shakes” (involuntary tremors in arms and/or legs)
- Involuntary tongue movement: “clicking”, licking lips, protruding tongue
- Eyes darting quickly from side to side
- Hanging bottom lip
- Body rocking
- Unable to sit still; some extremity or limb in constant movement
- Repeats a deliberate action or movement
- Matted hair; long dirty fingernails
- Rotten teeth
- Body odor (urine, feces)
- Cuts (razor scars) on forearms
- Bruises or bumps on head
- “No grip”, loose handshake
- Keeps eyes closed, averts gaze
- Rapid speech; words “blend” into one another
- Slurred speech
- Monotone speech without expression or inflection
- Can’t control speech volume (either inaudible or too loud)
- Uses words incorrectly; uses made up words
- Jumps from topic to topic
- Seizes and responds to words in your questions without answering the question
- Appears to be listening but doesn’t hear your question
- Talks to him/herself
- Laughs or giggles for no apparent reason

QUESTIONS/SCRIPTS

Suggested Questions And Scripts

In order to make the most of the scripts provided in this training, the practitioner should try and become comfortable with the material by conducting mock interviews with colleagues. That way, the practitioner can develop a casual, conversational style and can avoid asking the questions by reading from the script. Once in the field, it is important to become comfortable with the interviewee to improve the likelihood of obtaining candid responses to the questions.

In addition, pay attention to the interviewee's reactions so you can determine whether the interviewee needs to be reassured that the lines of questioning and his/her candid answers are important for maximizing his/her ability to meet the demands of community supervision. In those instances, it is important to acknowledge that it may be difficult to answer these very personal questions.

"Hi, I'm _____. My job is _____. I'm here to ask you some questions. Your answers will help me figure out how to best work with you and handle your case. Some of the questions will be personal. Some of the questions may offend you, and some may seem silly or repetitive, but I still have to ask them and it's important that you do your best to answer. Has what I've told you so far made sense? [Allow interviewee to respond and make adjustments] If I go too fast or say something you don't understand, it's o.k. to tell me to stop. I will be writing your answers down. I will gladly show you what I've written when we're finished. Do you have any questions before we get started?"

Orientation

Does the interviewee know where he/she is and is he/she aware of his/her surroundings? If the interviewer suspects a problem, asking the following questions may help to clarify the person's level of awareness.

- "What is your name?"
- "What is your date of birth?"
- "How old are you?"
- "Who am I?"
- "What is today's date?" (day, month and year)
- "Who is the current president of the U.S.?"
- "What state are we in?"
- "Can you tell me where we are right now?"
- "Can you tell me why you are here?"

Homelessness

Since many people with mental illness in the criminal justice system are homeless, these are important questions to ask.

- "Where do you live?"
- "Where were you living before you were arrested?"
- "Have you ever lived in a homeless shelter?"
- "Have you ever lived on the street? In a park? An abandoned building?"
- "Are you in contact with your family?"
- "When was the last time you spoke with a family member?"
- "Are you married? Do you have any children?"
- "How many friends do you have?"
- "When was the last time you spoke to a friend?"

Symptoms of Mental Illness

These questions relate specifically to issues concerning serious mental illness.

Instructions

"I'm going to name some medications. After each one tell me if you've ever been prescribed or taken that medication?"

- | | |
|-------------|--------------|
| • Depakote | • Zyprexa |
| • Cogentin | • Risperidol |
| • Haldol | • Seroquel |
| • Prolixin | • Klonopin |
| • Thorazine | • Ativan |
| • Mellaril | • Trazedone |
| • Buspar | • Paxil |
| • Dilantin | • Zoloft |
| • Clozaril | • Prozac |
| • Lithium | • Serentil |
| • Lithobid | • Sinequan |
| • Stelazine | • Tofranil |
| • Tegretol | • Loxitane |

"yes" to any of the above, ask:

"Are you taking this medications now?"

"Who prescribed this medication?"

"How does this medication help you?"

"If "no" to all of the above, ask:

"Are you taking any other medication? If so, what?"

"Who prescribed it?"

"When?"

Ask the following questions to all:

"Have you ever been a patient in a psychiatric hospital?" "If so, when?"

"Have you ever been brought to a psychiatric emergency room?"

"Do you remember/know why?"

Symptoms of Thought Disorder

Instruction:

If the interviewer suspects a problem with mental illness, the following questions may help to clarify the necessity for a referral for evaluation.

"The next few questions are personal and may make you uncomfortable. It's important that you do the best you can to answer."

(If the answer is "yes" to one or more of the following questions, you need go no further. A full psychiatric assessment is warranted.)

"Do you now, or have you ever, heard voices that other people around you don't hear?"

"Do you ever hear voices that tell you to do things?"

"Do you ever hear voices that tell you to do things to yourself or other people?"

"Do you ever hear voices that criticize you and tell you that you are a bad person?"

"Do you ever feel that other people are putting thoughts in your head?"

"Do you ever feel like other people know your private thoughts because they can read your mind?"

"Do you ever feel like the radio or T.V. are sending messages specifically to you?"

"Do you ever feel like you have special powers?"

"Do you ever feel like there are bugs crawling on you?"

"Does it ever happen that people or objects around you look much bigger or smaller than you'd expect them to be?"

"Before you were arrested, did you ever feel like other people were plotting against you? Following you? Watching you?"

"Are you ever afraid to eat food because you think it might be poisoned?"

"Do you ever feel like your body is decaying or rotting?"

Symptoms of Mood Disorder

If the interviewer suspects a problem with mental illness, the following questions may help to clarify the necessity for a referral for evaluation.

("Yes" answers to any of the following questions may be situational to the interviewee's criminal justice experience or may have been precipitated by it. For this reason, every "Yes" answer should be followed by, "What about before you were arrested, did you ever...?" "What about before you were detained?") Any current symptoms warrant a mental health evaluation.

"Have you ever gone for a long time without eating?"

"Do you have trouble falling asleep?"

"Do you ever feel so sad that you sleep or want to sleep all day?"

"Do you ever suddenly become tearful and start crying?"

"Do you ever feel your heart pounding or racing?"

"Do you ever feel like nothing can make you feel good?"

"Do you ever feel hopeless about the future?"

"Have you ever wished that you were dead?"

"Have you ever had thoughts of hurting yourself?"

"Have you ever had a definite plan for killing yourself?"

"Have you ever tried to hurt or kill yourself? When?"

"Do you ever feel like you have so much energy that you don't need to sleep?"

"Do you ever feel like there's nothing that you can't do?"

"Do you ever feel like you have powers so special that you can do amazing things?"

Symptoms of Substance Abuse, Impulse Control Disorder and Post-traumatic Stress Disorder

(A "yes" answer to any of the following questions is not necessarily suggestive of serious and persistent mental illness. It does, however, suggest the possibility of substance abuse, impulse control, or post-traumatic stress disorder, which may be co-occurring with a serious and persistent mental illness. Either way, further assessment is strongly recommended.)

"Have you ever done anything you wish you hadn't while you were drunk or high?" (If 'yes' then ask:) "How long ago?"

"Do you ever use alcohol or drugs to make yourself feel better?"

"Have you ever hurt someone, or broken something while you were using drugs or alcohol?"

"Do you have scary thoughts or nightmares about something terrifying that's happened to you?"

"Have you ever lost your temper, gotten into a fight, and then not remembered what happened?"

"Have you ever been in a situation where you were afraid that you might die or be killed?" (If 'yes' then ask:) "How many times?" "How recently?"

"Have you ever been so drunk or high that you couldn't remember what happened?" (If 'yes' then ask:) "How many times? When was the last time?"

"Do you ever do things you know you shouldn't, but just can't control yourself?"

Definition of Severe and Persistent Mental Illness

The New York State Office of Mental Health defines Serious and Persistent Mental Illness as:

A Diagnostic and Statistical Manual – IV (**DSM-IV**) diagnosis of a major psychiatric illness (other than alcohol and drug disorders, dementias, and developmental disabilities). Typically these diagnoses include schizophrenia, bipolar disorder, major depression, and schizoaffective disorder.

IN AN INDIVIDUAL 18 years of age and older

WHO EITHER

Receives Supplemental Security Income (SSI)

OR

Receives Social Security Disability Income (SSDI)

OR EXPERIENCES

Continuous or intermittent extended impairment in functioning due to mental illness over the previous 12 months, characterized by at least **two** of the following:

- Marked difficulties in self-care;
- Marked restriction in daily living activities (e.g. maintaining a residence, managing money, etc.);
- Marked difficulties in social functioning (personal and family relationships);

- Gross deficiencies in concentration necessary for even simple task completion related to home, school and the workplace

OR SCORES

A rating of 50 or less on the Global Assessment of Functioning (GAF) scale, which is a clinician's rating of an individual's psychiatric, social and occupational functioning at the time of the assessment.

OR WHEN THERE EXISTS

Well-documented reliance on psychiatric treatment (symptoms reduced or eliminated by psychotropic medication), rehabilitation, and supports (highly structured and supportive settings which serve to reduce the signs and symptoms of the underlying disorder).

Additional Definitions:

Bi-Polar Disorders: disorders characterized by episodes of mania (a distinct period where there is an abnormally and persistently elevated, expansive or elevated mood along with inflated self-esteem, grandiosity, decreased need for sleep or distractibility), which may alternate or mix with episodes of major depression.

GAF (Global Assessment of Functioning): a formal psychiatric scale that provides a mechanism for reporting the clinician's measure of the individual's overall level of functioning.

Hypomania: a period of hyperactivity or expansive mood, similar to mania, but less extreme. Hypomania may precede a manic episode or may be interspersed with an episode of major depression.

Major Depression: a disorder characterized by at least two weeks of depressed mood or loss of interest or pleasure in nearly all activities.

Mania: a full-fledged episode of unprovoked expansiveness, elation, grandiosity and hyperactivity that may be part of bipolar disorder.

Recommended treatment for co-occurring disorders: an integrated treatment modality that addresses the complex needs and issues associated with recovery from both disorders in a single setting.

It is important to recognize that relapse (a return to the use of drugs or to episodes of serious mental illness) are typically a part of the recovery process and must be addressed within the course of treatment. During episodes of relapse, individuals have an opportunity to examine the triggers and lifestyle issues that contribute to relapse and to develop alternative behaviors that contribute to wellness and recovery.

Schizoaffective Disorder: a disorder characterized by a period of a major depressive episode (depressed mood or loss of interest in nearly all pleasurable activities), a manic episode (a distinct period where there is an abnormally and persistently elevated, expansive or elevated mood along with inflated self-esteem, grandiosity, decreased need for sleep or distractibility), or mixed disorder (mania and depression), concurrent with symptoms of schizophrenia (delusions, hallucinations, disorganization, negative symptoms).

Schizophrenia: a disorder characterized by the presence of two or more of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms (unresponsive facial expressions, a restriction in the ability to use language skills impairing ability to communicate, and an inability to initiate and persist in goal-directed behavior. Symptoms should be present for a significant portion of time during a one month period (or less if successfully treated). (*American Psychiatric Association*, 1994)

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