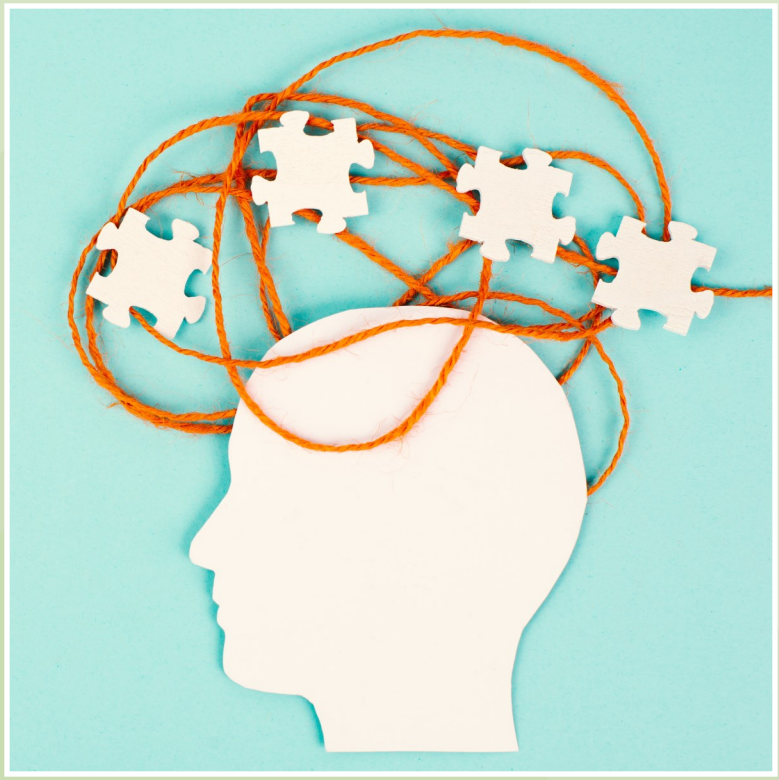
Mental Illness and Guardianships

Participant Manual



The Supreme Court *of* Ohio
Judicial College

THE SUPREME COURT *of* OHIO

MENTAL ILLNESS AND GUARDIANSHIP

PARTICIPANT MANUAL

The Supreme Court of Ohio Judicial College

MENTAL ILLNESS AND GUARDIANSHIPS

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SUPREME COURT OF OHIO JUDICIAL COLLEGE
Adult Guardianship Continuing Education: Mental Illness and Guardianships

Session Agenda

Welcome & Introductions	Judicial College Staff
Understanding and Responding to People with Mental Illness	***Douglas A. Smith, MD*** Summit County Alcohol, Drug Addiction & Mental Health Services Board
Break	
Advocating for the Person Under Your Care While Taking Care of Yourself	***Betsy Johnson, Legislative & Policy Advisor*** Treatment Advocacy Center
Adjourn	

FACULTY BIOGRAPHIES

BETSY JOHNSON is a Policy Advisor for the Treatment Advocacy Center, a national nonprofit organization dedicated to eliminating legal and other barriers to the timely and effective treatment of severe mental illness. Her responsibilities include advocating for the implementation and expansion of assisted outpatient treatment programs for individuals with serious mental illness who, on their own, do not recognize their need for treatment and get caught in the revolving door of hospitalization and incarceration. Prior to joining the Treatment Advocacy Center, Betsy was the Associate Executive Director of the National Alliance on Mental Illness (NAMI) of Ohio for over ten years. While there, she was responsible for policy and legislative advocacy, criminal justice activities and communications. Previously, Betsy was the Associate CEO of the Ohio Association of County Behavioral Health Authorities. She has also worked for the Ohio Departments of Job and Family Services and Youth Services, and served as a Legislative Aide in the Ohio Senate. Before moving to Columbus, Ohio, she worked in Washington D.C. for a Member of Congress. Betsy has a degree in Political Science from the University of Houston.

DOUGLAS A. SMITH, M.D. has been serving as the chief clinical officer of the Summit County Alcohol, Drug Addiction and Mental Health Services Board since 2012. Prior to joining the AMD Board of Summit County, he was a physician administrator at the Northcoast Behavioral Healthcare Toledo Campus and medical director for the Northcoast Behavioral Healthcare System for 12 years. He also has had a private practice in psychiatry and forensic psychiatry, and more than eight years experience providing care in the Ohio prison system. He also served as the chair of the Institutional Review Board for the Ohio Department of Mental Health. He has lectured locally and abroad on an extensive range of mental health and forensic psychiatric topics to a broad range of audiences and is an Associate Professor of Psychiatry at the Northeast Ohio Medical University. Dr. Smith received his degree from the University of Maryland School of Medicine.

Understanding and Responding to People with Mental Illness

Douglas A. Smith, M.D.
Summit County Alcohol, Drug Addiction &
Mental Health Services Board

Psychopathology 101:
Introduction to Psychiatric Illness and Treatment

Douglas A. Smith, M.D.
Medical Director,
Summit County ADM Board

ADM BOARD Alcohol, Drug Addiction & Mental Health Services Board

Northeast Ohio MEDICAL UNIVERSITY

Psychopathology 101

- Areas I will cover briefly:
  - What is mental illness/ what is mental health?
  - How do we diagnose mental disorders?
    - Mental status exam and the meaning of important terms
  - A quick review of 3 major mental disorders and their treatment with medication
    - Schizophrenia
    - Major depression
    - Bipolar disorder (Manic-depressive illness)
  - The relationship between mental illness and violence

Two Questions about Mental Illness

- ❑What is mental illness?
  - Not such an easy question to answer
- ❑What are the common mental illnesses?
  - A much easier question to answer

What is mental illness?

"…I know it when I see it."

- U.S. Justice Potter Stewart
  Jacobellis v. Ohio, 378 U.S. 184 (1964)

Dimensional vs. Categorical Approach to Mental Illness

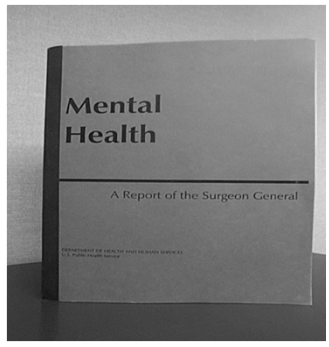
- Categorical Approach
  - you have it or you don't have it
- Dimensional approach
  - All of us are a little bit mentally ill
    - we may all be neurotic
    - we may all have some dysfunctional personality traits
    - we may not be in perfect mental health

Stress Vulnerability

Implications of the Stress-Vulnerability Model

- Biological and Psychosocial factors influence the onset and course of psychosis.
- Most people exposed to sufficient stress can become psychotic.
- Individuals can have some control over their symptoms.
- Schizophrenia can be seen as an episodic condition.

7



Mental Health and Mental Illness: Points on a Continuum

"Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity."

Surgeon General's Report, 1999

What is mental illness?

DSM IV definition of mental disorder

"…a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress (i.e., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability or an important loss of freedom…"

What is mental illness?

- Surgeon General's Report on Mental Health
  - Mental disorders are health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning
    - Alzheimer's disease example of disorder in thinking
    - Depression example of disorder in mood
    - Attention Deficit/Hyperactivity Disorder example of disorder in behavior and/or thinking

What is mental illness?

Ohio Commitment Statute:

A substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

R.C. 5122.01(A)

Understanding Mental Illness

Defining Mental Illness:

- Mental illnesses are brain diseases which are biologically based.
- These are illnesses which respond to medical treatment.

Facts about Mental Illness

- It has nothing to do with intelligence. It can happen to anyone.
- Symptoms of mental illness can come and go.
- Mental illness can be treated but cannot be cured.
- Mental illness is long term.
- Mental illness is often difficult to diagnose and treat correctly.

Mental Disorders are Common:

- One in five people experience a diagnosable mental illness in a given year.
- Severe and persistent mental disorders are less common but still affect between 3 to 5% of the adult population.

How do mental health professionals examine patients?

- Mental Status Examination:
  - The mental health equivalent to the physical exam

Elements of the Mental Status Examination

- Appearance
- Cooperation
- Speech
- Mood
- Affect
- Thought
  - Process
  - Content
    - Delusions
- Perception
  - Hallucinations
  - Illusions
- Suicide Assessment
- Homicide Assessment
- Cognitive Examination
  - Orientation
  - Memory
  - Judgment

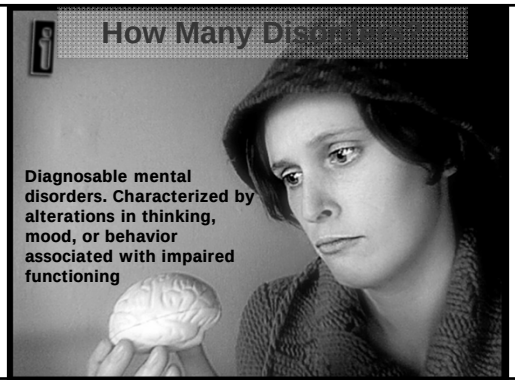
"Serious Mental Disorders"

"Serious" based on severity of symptoms & their impact on functioning, and chronic or recurring nature of the disorder

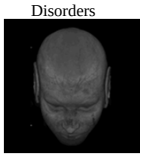
Schizophrenia

Affective Disorders (Major Depression, Bipolar Disorder)

Schizoaffective Disorder



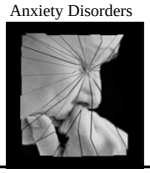
Thinking-Psychotic Disorders



Behavior-Personality Disorders

Mood Disorders

Anxiety Disorders



Mental Illness is a Loss

Illness Characteristics

- Sign
  - An objective manifestation of a pathological condition. Signs are observed by the examiner, not reported by the patient.
  - EX: Appears distracted.
- Symptom
  - A subjective manifestation of a pathological condition. Symptoms are reported by the affected individual rather than observed by the examiner.
  - EX: Hearing voices others are not hearing.

Observable Characteristics

Loss of Reality
Schizophrenia
Dementia
Drug Induced Psychosis
Other Psychotic Disorders

Loss of Control
Manic Stages of Bi-polar
Borderline PD
Oppositional DD
Anti-Social PD
Impulse Control Disorders

Loss of Hope
Depression
Depressive stages of Bi-polar
Adjustment Disorders

Loss of Perspective
Anxiety and Panic Disorders
OCD
Post-Traumatic Stress

Observable Characteristics

Loss of Reality
- Delusions
- Paranoia
- Hallucinations
- Disorganized Thinking
- Odd behavior/mannerisms

Loss of Control
- Manipulation
- Hostility
- Impulsive
- Self Destructive

Loss of Hope
- Deep Sadness
- Anguish
- Withdrawn
- Depression
- Suicide

Loss of Perspective
- Anxiety
- Panic
- Restlessness
- Nervousness
- Physical discomfort

Loss of Reality:

Psychosis -

A severe *mental disorder* characterized by gross impairment in *reality testing*, typically shown by *delusions, hallucinations,* disorganized speech, or disorganized or *catatonic behavior.*

Persons with the signs and symptoms of psychosis are described as psychotic.

Psychotic Disorders

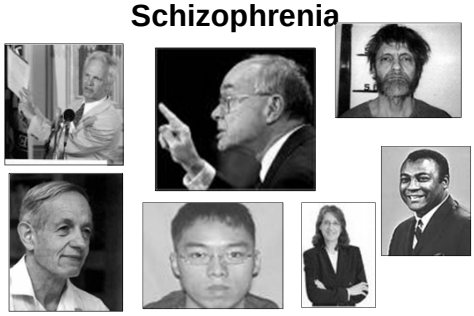
Caused by:

- Biological factors - overactivity of neurotransmitter dopamine in meso-limbic and meso-cortical tracts in brain
- Psychological and Social factors - stress

Schizophrenia

- Most catastrophic mental illness
- Probably not one single disorder
  - Presents with multiple signs and symptoms involving thoughts, perceptions, emotions, and behavior.

The Many Faces of Schizophrenia



Reality of Schizophrenia

- A brain disease with increasingly effective treatments
  - Hope is a major component of recovery
- Course is much more variable
  - Half to 2/3 have a positive long term outcome
  - "Recovery" is possible
- With treatment, much more likely to be victims of crime than perpetrators

Schizophrenia

- Name means "to split the mind", i.e. complete rupture between reality and the person's psychotic thinking.
- Onset: generally late teens or early 20's
- It is relatively common
  - about 1% of population world-wide
- Symptoms lead to social & occupational dysfunction

Facts about schizophrenia

- It is a long-term and potentially debilitating disorder
  - 10-15% commit suicide
  - 10-32 years shorter life-span than general population
    - So, help them get ongoing physical care too!
  - close to 50% co-morbid substance use
    - Be aware so you can get help early if necessary.

Signs & Symptoms of Schizophrenia

- "Positive"
- Delusions
- Hallucinations
- Bizarre behavior
- Disorganized thinking

- "Negative"
- Affect flattening
- Poverty of speech
- Social withdrawal
- Lack of motivation/apathy

Delusion:

- **Sympton**: A false belief or idea firmly held despite abundant contradictory evidence
- **Sign:** Appears frightened, suspicious, guarded, strikes out in perceived self-defense

Delusions: Many Types

- Persecutory: "My family is plotting against me." A paranoid delusion is an unrealistic fear.
- Grandiose: "I am the ruler of the world."
- Religious: "I am God's special messenger."
- Nihilistic: "The world is ending."
- Somatic: "My insides are rotting."

Complex delusions common in psychotic disorders

- Ideas of Reference
- Thought broadcasting
- Thought insertion
- Thought withdrawal

Be friendly and curious: neither collude nor confront

- Could it be true... Or partly true?
- Curiosity and respect.
- Ready to validate true statements
- Open to persuasion
- Open to the evidence
- Normalise

Hallucinations

- **Symptom:**
  - All 5 senses possible. Hearing, seeing, feeling, tasting or smelling something that is not there. The experience is real to the person.
- **Sign:**
  - Appears to be listening to something or seeing something; talking out loud as if in conversation

Negative symptoms

- Affect blunt or flat (expression)
- Amotivation (lack of motivation)
- Anergia (lack of energy)
- Abulia (absence of volition)
- Poverty of speech
- Anhedonia (inability to experience pleasure)

"Cognitive" symptoms

- Short attention span
- Memory difficulty
- Disorganized thinking
- Poor judgment
- Poor insight (anosognosia)

DISORGANIZED BEHAVIOR

- Catatonia: waxy inflexibility and/or agitation
- Belligerence
- Aggression

Treatment of Schizophrenia

- Medication
  - Antipsychotic medications primarily
- Psychosocial support
  - "Case management"; coping skills; recovery
    - ACT – Assertive Community Treatment teams
  - Integrated treatment for substance abuse
  - Safe housing
  - Vocational support
  - Family education – NAMI family to family program

Antipsychotic Medications

- Used to treat psychosis (hallucinations, thought disorganization, delusions, agitation)
- Mechanism of action – these medications block the action of the chemical dopamine that is thought to be present in excess
- Not helpful for negative symptoms

Movement Disorders

- Extreme restlessness (akathisia)
- Sudden, painful & sustained muscle spasms (acute dystonic reaction)
- Parkinson's disease or similar
- Tardive dyskinesia (permanent, involuntary & uncontrolled movement – usually involves muscles of face & mouth)

Course of schizophrenia

- Extremely variable
- Often chronic
- Sometimes episodic
- Florid symptoms may diminish with age
- Rare spontaneous remissions

Observable Characteristics

Loss of Reality

Ground the person in the here and now
Calm confusion and disorientation
Defer your own belief in their psychosis
Validate how it must be making them feel

Loss Of Control

Be calm but firm
Use I statements to deflect personal attacks
Allow the caller some time to vent
Empathize by acknowledging their anger

Mood Disorders

- Major Depressive Disorder
- Bipolar Disorder
- Dysthymia
- Cyclothymia
- Mood Disorder due to General Medical Condition
- Substance-Induced Mood Disorder

The Faces of Depression





49

Loss of Hope: Major depression

- Very common
  - Top causes of disability world-wide
  - Surgeon General best estimate 6.5% one year prevalence
    - More common in women than men
  - Highly treatable
- Serious complications
  - 10-15% suicide rate
    - psychotic states can result in infanticide; homicide/suicide
    - "Suicide by cop"
- So, help the patient agree to care by normalizing this as a common condition that is very treatable.

Major Depression

- Onset – anytime, usually develops over days to weeks
  - Average age of onset = 40
- Essential feature – depressed mood or loss of interest or pleasure for at least 2 weeks

Major Depression

- Depressed mood
- Diminished interest or pleasure
- Weight changes
- Sleep disturbance
- Psychomotor agitation/retardation
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Diminished ability to concentrate
- Recurrent thoughts of death or suicide

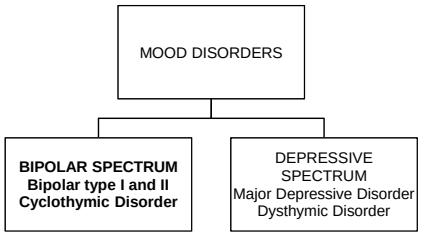
Depression

- Symptoms
  - sadness – kids irritable, older adults somatic
  - fatigue
  - no appetite
  - can't concentrate
- Signs
  - tearfulness, looks sad
  - looks tired, moves slowly
  - weight loss
  - appears preoccupied, forgetful

Mood Disorder Treatment

- Antidepressant medications- may also help anxiety
  - Mechanism of action – increases brain chemicals that are present in lower than normal levels in affected individuals
- ECT = electroconvulsive therapy
  - Excellent, but with possible memory effect
- rTMS = Transcranial Magnetic Stimulation
  - Magnet causes electrical effect in brain
- Spravato= new nasal spray for treatment resistant depression

MOOD DISORDERS



BIPOLAR DISORDER
(aka manic depression)

- Recurrent illness
- Recurrent episodes may lead to progressive deterioration in functioning
- Number of episodes may affect subsequent treatment response and prognosis

The Faces of Bipolar Disorder

Major Depression

- Depressed mood
- Diminished interest or pleasure
- Weight changes
- Sleep disturbance
- Psychomotor agitation/retardation
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Diminished ability to concentrate
- Recurrent thoughts of death or suicide

MANIA

- Abnormally & persistently elevated, expansive or irritable mood
- Lasts at least a week
- 3 or more symptoms below:
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep
  - More talkative than usual or pressure to keep talking
  - Flight of ideas or feeling that thoughts are racing

Manic symptoms

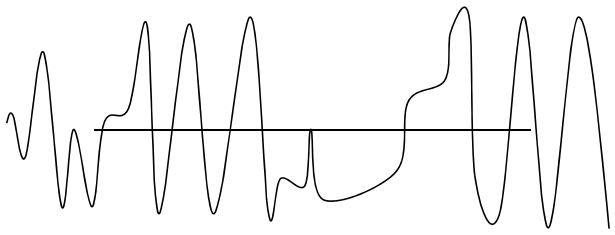
(continued)

- Distractibility
- Increase in activity or psychomotor agitation
- Excessive involvement in pleasurable activities that have a high potential for painful consequences
- Delusions (often grandiose)
- Hallucinations

General Signs of Mania

- Sudden changes in behavior.
- Impulsivity. May simply act or react without thinking.
- Pressured speech. Talks very quickly, rarely takes a break.
- Poor Insight (anosognosia)
- Poor Judgment

Bipolar Disorder



EPIDEMIOLOGY OF BIPOLAR DISORDER

- Prevalence: 1.2-1.6% of U.S. population
- Equally distributed among males/females
- Caused by Biological plus environment/stress

Treatment of mania: Target Symptoms

- Sleep
- Explosiveness
- Pressured Speech
- Organization of thoughts
- Delusions, Hallucinations
- Judgment problems

Treatment of Mania

- Mood Stabilizers
  - Goals are anti-manic action and reduction of mood swings (cycling)
  - Often used in concert with other agents-antidepressants, antipsychotics and antianxiety medications
- Bipolar Patients, especially those in acute mania may resist treatment and engage in high risk behaviors

Psychotropic Medication for any Mental Illness

- Psychotropic medications are an essential component of effective treatment for many people
- To work, medication MUST be taken consistently; intermittent dosing is NOT effective in maintaining blood levels to impact brain chemistry
- Patients who have a good relationship with the care providers and guardian are more likely to take their medications!

Other treatments

- Assertive Community Treatment
- Psychotherapies
  - Supportive
  - Insight oriented
  - Family therapy
  - Counseling
- "Psychosocial rehabilitation"

SCHIZOAFFECTIVE DISORDER

- Symptoms of major depression or mania occurring with symptoms of schizophrenia

  &

- Periods of time in which symptoms of schizophrenia (hallucinations or delusions) occur ***without*** mood symptoms

Confused, Disoriented

Ground in here-n-now

Angry, Irritable

Listen, Deflect, Diffuse

Sad, Desperate

Instill Hope, Personal Connection

Anxious, Panicky

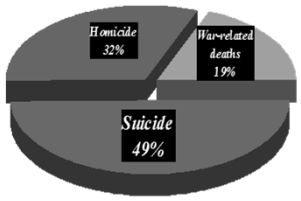
Calm, Deflect

COMPLICATIONS

- Suicide
  - Mood Disorders at least 25% attempt and 10-15% complete
  - Schizophrenia 10-15% complete often early in course of illness
  - Victimization by others

Suicide is the Leading Cause of Violent Deaths Worldwide

(World Health Organization, 2012)



COMPLICATIONS

- Substance Use

Lifetime prevalence:

alcohol Approximately 1/3

other drug Approx ¼ to 1/3

(opiates on rise)

any substance 50%

Reasons: self-medication, depression, boredom, low self-esteem, lack of purpose

Being Helpful

- Good relationship matters most
  - Increased likelihood of adherence to Treatment plan
  - "manipulation" is not personal, it is survival
- Normalize: Emphasize that ALL healthcare matters, physical & Mental
- Normalize: Everyone can have a bad day
  - Not every mood change means depression or mania
- Engage CIT officers if police are needed
- Pink Slip Very useful
  - Even if you then sign forms to voluntarily admit to the hospital

Being Helpful

- Learn the resources in your area
  - Public Health Department
  - ADM Board
  - Dept of Job and Family Services
- It is very easy to feel overwhelmed by the illness and/or the healthcare system. Call the above for help.
- NAMI local can be very helpful also

Crisis Intervention Team (CIT)

- 24/7 EFFECTIVE CRISIS RESPONSE FOR "FIRST RESPONDERS"
- Specialized training for law enforcement officer for handling mental health crises
  - A change in attitude and behaviors
- Increases officer and consumer safety – increases public safety
- Program with partnerships to the treatment system and with consumers and consumer advocates
- MORE than just training!
- IF you need police intervention, ALWAYS ask for a CIT officer.

Benefits and Outcomes

- Immediacy of Response
- Accountability
- Helps Prevent Tragedies
- Increases officer confidence in their skill
- Minimal use of arrest
- Increases jail diversion
- Reduces cost to C.J. System
- Decreases officer injury
- Decreases consumer injury
- Reduces liability
- Increase chance for consumer to connect to mental health system
- Partnerships=Solutions

Pink Slip

Application for Involuntary Admission

The undersigned has reason to believe that: _____
(Name of Person to be Admitted)

Is a mentally ill person subject to hospitalization by court order under division B Section 5122.01 of the Revised Code, i.e., this person

- ☐ (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- ☐ (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- ☐ (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
- ☐ (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

Thank You !!!!

APPENDIX: MEDICATIONS

"TRADITIONAL" ANTIPSYCHOTIC MEDICATIONS

- Haldol*
- Loxitane
- Mellaril
- Navane
- Prolixin*
- Stelazine
- Thorazine
- Trilafon

SIDE EFFECT MEDICATIONS

- Artane
- Cogentin
- Benadryl
- Symmetrel
- Inderal (for tremors and akathisia)

SECOND GENERATION ("ATYPICAL") ANTIPSYCHOTICS

- Clozaril
- Risperdal
- Consta
- Invega
- Sustenna
- Trinza
- Zyprexa
- Relprevv
- Seroquel
- Geodon
- Abilify
- Maintenna
- Aristada
- Fanapt
- Saphris
- Latuda

Atypical antipsychotic side effects:

- Far less likely to impact normal movement than older medications
- FDA mandates white blood cell testing with Clozaril
- Increasing concern over the association of elevated blood sugar, including diabetes development with newer medications
- FDA recommends monitoring blood sugars, waist circumference, blood pressure
    - So, advocate for this!

Antidepressants

- Tricyclics
    - Elavil, Pamelor, Sinequan
- OTHER
    - Desyrel
    - Effexor
    - Pristiq
    - Wellbutrin
    - Remeron
    - Cymbalta
- Selective Serotonin Reuptake Inhibitors (SSRI)
    - Prozac
    - Paxil
    - Zoloft
    - Celexa/Lexapro
    - Luvox

Side Effects of SRI's

- Gastrointestinal
    - Nausea, Diarrhea

  CNS Effects
    - Headache
    - Nervousness
    - Agitation
    - Insomnia
    - Tremor
    - Extrapyramidal side effects
    - "Serotonin Syndrome"

- Sexual Side Effects
    - Decreased libido, performance impairment, anorgasmia
- Other
    - sweating
    - nightmares

Mood Stabilizing Medications

- Used to treat mania, long-term control of "cycling" between phases in bipolar disorder, impulsivity/aggression
- Mechanism of action – may relate to keeping neurons "calm" or stable (less likely to "fire off" for no reason as they do in seizure disorders)

Mood Stabilizers

- Older Agents (Blood levels of these medications can be drawn and used to adjust the dose)
  - Lithium
  - Depakote
  - Tegretol
- Newer Agents (Mood Stabilizers are often started with an additional agent, usually an antipsychotic)
  - Lamictal
  - Lamotrogine
  - Neurontin
  - Topamax

Side Effects of Mood Stabilizers

- Lithium
  - Toxic Doses are more common

    -dizziness, confusion, problems walking, tremor
  - Blood levels are often drawn
- Depakote
  - Toxicity is less common
  - May be safer long term
  - People who respond to Lithium may not respond to Depakote.
  - Blood levels are often drawn

Psychotropic Medication

- With the right dose & compliant use of appropriate medications, most people experience relief from symptoms
- Psychotropic medications (antipsychotics, antidepressants & mood stabilizers) do not create physical dependence

Advocating for the Person Under Your Care While Taking Care of Yourself

Betsy Johnson, Legislative and Policy Advisor
Treatment Advocacy Center

Advocating for the Person Under Your Care While Taking Care of Yourself

TREATMENT ADVOCACY CENTER

By: Betsy Johnson
Treatment Advocacy Center

Overview

- Who am I?
- Review of mental illness statistics
- Preparing for crisis
- Mental illness and the courts
- Resources for the person under your care
- Resources for you
- Tips for self-care

TREATMENT ADVOCACY CENTER

2

Overview

TREATMENT ADVOCACY CENTER

The Treatment Advocacy Center advocates for the reform of laws, policies and practices that prevent those with serious mental illness from receiving treatment.

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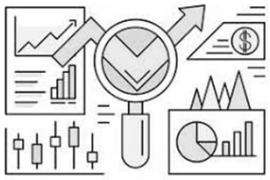
Serious Mental Health Statistics

- 8.1 million adults live with diagnoses of schizophrenia or severe bipolar disorder – just over 3% of the US adult population



- About half of these individuals are untreated at any given time

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Reasons for Non-engagement

- Inadequate community-based support
- Health insurance gaps
- Distance to provider/lack of transportation
- Substance abuse
- Side effects of medications
- Challenges with executive functioning
- Mistrust of doctors
- Stigma
- Anosognosia/lack of insight

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Anosognosia and Non-adherence

- Lack of insight into one's own illness
- NOT denial
- Brain-based. Out of the individual's control
- Makes non-adherence *logical*

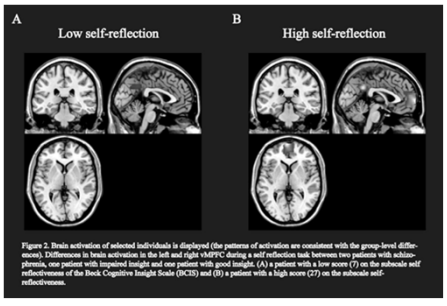

Figure 2. Brain activation of selected individuals is displayed (the patterns of activation are consistent with the group-level differences). Differences in brain activation in the left and right vMPFC during a self-reflection task between two patients with schizophrenia, one patient with impaired insight and one patient with good insight. (A) a patient with a low score (7) on the subscale self reflectiveness of the Beck Cognitive Insight Scale (BCIS) and (B) a patient with a high score (27) on the subscale self-reflectiveness.

Psych. Services 2/06:
Of 300 people with non-adherence tracked, 32% found to lack insight

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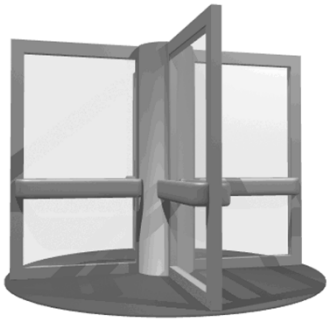
If you build it, some still won't come

7

Revolving Door of Treatment Non-Engagement



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When Serious Mental Illness Isn't Treated

- 1 in 4 homeless have a serious mental illness.
- Or, approximately 325,000 of the 1.3 million homeless in the US. More than the entire city of Toledo.

9

When Serious Mental Illness Isn't Treated

- People with SMI are up to 140 x more likely to be victims of violence
- Individuals with bipolar disorder have a suicide risk 15 x higher than general population
- People with untreated mental illness are 16 x more likely to be killed during police encounters

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When Serious Mental Illness Isn't Treated

- 3x more likely to be violent than general population
- Approximately 10% of all homicides, 20% of law enforcement officer fatalities, 29% of family homicides, and as many as 50% of mass killings are committed by people with SMI

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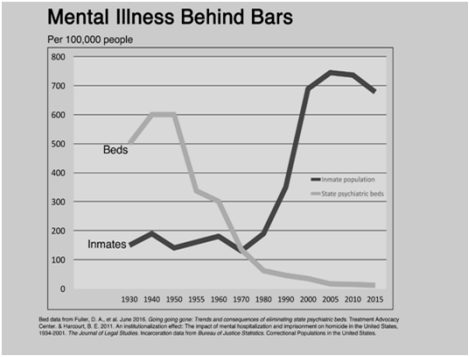
When Serious Mental Illness Isn't Treated

- In 1955, there were 559,000 state/county psychiatric beds, or 340 beds per 100,000.
- In 2016, state hospital bed population dropped 96%, to 37,679 beds, or 11.7 beds per 100,000 people.



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Treatment Works, People Recover

- People with serious mental illness may cope with symptoms throughout their lives, but treatment helps many to recover sufficiently and pursue life goals.
- Goal is to get person to engage in treatment!

RECOVERY Is Beautiful.™

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Averting a Crisis

- Safe proof home. Hide medications, vehicle keys, knives, and ropes
- Remove guns
- Minimize alcohol availability
- Alert person's mental health care worker
- Visit local Police Department and inquire about Crisis Intervention Team (CIT)
- Ask for a wellness check
- Have a room to which you can retreat and be safe with secure lock. Bring phone.

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When a Crisis Occurs

- Try not to manage situation alone
- Stay calm, speak gently, use quiet voice
- Find something on which you both agree
- Don't threaten, criticize, or argue
- Don't whisper, joke or laugh
- Keep instructions simple and clear
- Avoid eye contact, touching, standing over the person
- Stay between person and door

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Calling 911

- Let dispatcher know you are calling about a mental health crisis.
- Ask dispatcher to send CIT trained officers
- Let dispatcher know if person has access to weapons
- Be an advocate - ask to have person transported to hospital rather than jail

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Going to the Hospital – Things to Know

- Hospital selection
- Advance directive
- 24 hour emergency evaluation(pink slip)
- 72 hour hold
- Involuntary inpatient commitment
- Involuntary outpatient commitment (assisted outpatient treatment)

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Assisted Outpatient Treatment and the Black Robe Effect

- Judge commands respect as symbol of authority
- Judge must embrace role of motivator
- Black robe effect works on treatment system too
- Court order generally means a rapid response to non-adherence

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AOT - Consequences of Non-Adherence

- Extend length of time in program
- Increase frequency of court appearances
- Order treatment plan to be reviewed
- Pick up ordered for evaluation
- Rehospitalization if medical necessity is met

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AOT in Ohio

Key

Gold – Fully operational AOT program with regular monitoring of active cases.

Silver – AOT policies and procedures are in development.

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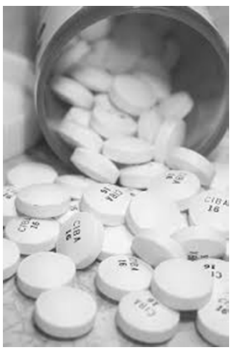
If the Person is Arrested

- Ask officers to take medication to jail or call jail to see if you can drop it off
- Call jail and ask to talk with MH Liaison. Share information about person's diagnosis, medications, potential triggers, techniques that may help avoid agitation
- Find attorney with expertise in handling MH cases
- If assigned a public defender/court appointed attorney, request one with experience in MH. (Contact local Bar Assn.) If not, attempt to educate attorney



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If the Person is Arrested

- Competency Evaluation
- Competency Restoration
- Diversion programs
  - Pre conviction
  - Post conviction
  - Specialty Courts
    - mental health court
    - veterans court

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Mental Health Court

- Prosecutor offers plea deal to defendant. Defendant pleads guilty and receives a sentence. Defendant then decides whether to stay in regular court or go to mental health court.
- If mental health court, sentence is suspended.
- If person successfully engages in treatment, case is dismissed.

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Mental Health Court

- If person changes his mind or does not comply with, he/she goes to jail
- Program is typically 1 – 2 years long
- Veteran's courts and drug courts run similarly

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Counties with Mental Health Courts

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How to Support the Person Under Your Care

- Be prepared - don't wait for a crisis
- Know the options available in your community
- Participate in treatment planning
- Notify treatment team of concerns
- Understand HIPAA
- Recognize improvement and celebrate it
- Let monitors monitor

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Assertive Community Treatment (ACT)

- Multidisciplinary, round the clock community care.
- Strict admission criteria
- Goal is to:
  - prevent or minimize crises
  - meet basic needs
  - enhance quality of life
  - improve functioning
  - enhance ability to live independently
  - encourage engagement
  - Lessen family's role of providing care

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Counties with ACT Teams

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Resources for Person Under Your Care

- Peer Run Organizations/ Consumer Operated Services
  - https://www.oacbha.org/docs/list_of_COS_orgs.pdf
- Clubhouses
  - Magnolia, Pathway, Miracle
- Peer Support Specialists Training
  - https://workforce.mha.ohio.gov/

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29

Resources for Person Under Your Care

- National Alliance on Mental Illness
  - http://namiohio.org/
  - Peer to Peer
  - NAMI Connections
- Depression Bipolar Support Alliance
  - https://www.dbsalliance.org/
- Mental Health America
  - http://www.mentalhealthamerica.net/
  - Schizophrenics Anonymous

NAMI Ohio
National Alliance on Mental Illness

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30

Resources for You

- Ohio Department of Mental Health and Addiction Services
  - mha.ohio.gov
- Ohio Association of County Behavioral Health Authorities
  - www.oacbha.org
- Ohio Supreme Court Specialized Docket
  - http://www.supremecourt.ohio.gov/JCS/specDockets/default.asp

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31

Resources for You

- Mental Health America
  - Families in Touch Support Group
  - http://www.mentalhealthamerica.net/

- National Alliance on Mental Illness (NAMI)
  - Family to Family
  - Family and Caregiver Support Groups
  - http://namiohio.org/

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32

NAMI Family-to-Family Class

Free, 12 week class covers:

- How to solve problems and communicate effectively
- Taking care of yourself and managing stress
- Supporting your loved one with compassion
- Finding and using local supports and services
- Up-to-date information on mental health conditions and how they affect the brain
- How to handle a crisis
- Current treatments and therapies
- Impact of mental health conditions on the entire family

NAMI
National Alliance on Mental Illness
Family-to-Family

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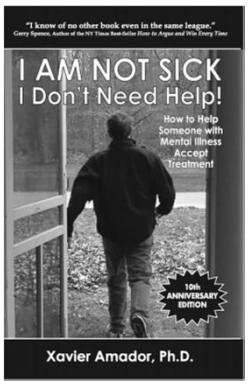
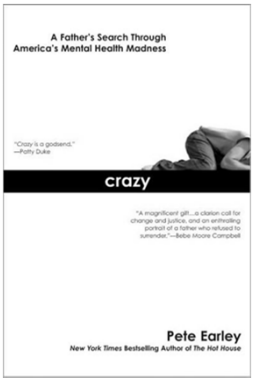
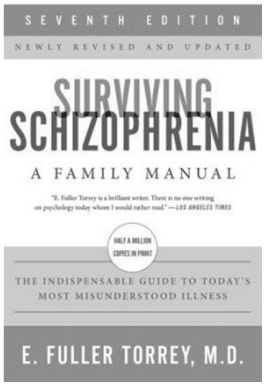
33

Resources for You







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Tips for Self Care

- Understand How Stress Affects You
- Set Boundaries
- Protect Your Physical Health
- Recharge Yourself
  - Inquire about Respite
  - www.archrespite.org

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Tips for Self Care

- Practice Good Mental Habits
  - Avoid Guilt
  - Notice the Positive
  - Build a Support Network
  - Gather Strength from Others
- Advocate for System Improvement

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36

Contact Information

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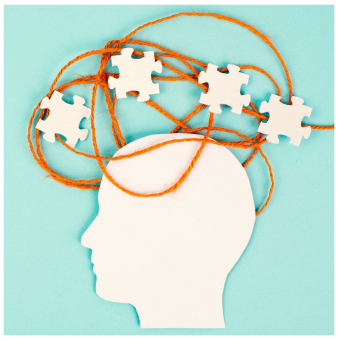
37



The Supreme Court *of* Ohio
Judicial College