

Mental Illness and the Law: A Guide for Legal Professionals



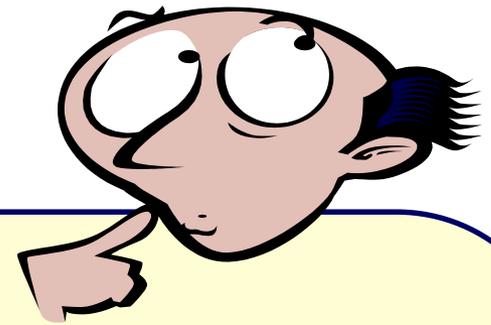
Virginia Department of Behavioral Health & Developmental Services
(DBHDS)

Module 2:

Explanation of Mental Disorders



What is a Mental Disorder?



Per DSM-IV :

Each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significant increased risk of suffering death, pain, disability, or an important loss of freedom.... Must not be merely an expectable and culturally sanctioned response to a particular event.

Categories of Mental Disorders

There are 17 categories of mental disorders.

We will focus on 3 categories that are most likely to present symptoms that lead to competency and/or sanity legal questions .

- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Personality Disorders



Schizophrenia and Other Psychotic Disorders



Schizophrenia and Other Psychotic Disorders

- Onset most frequently is in late teens, but can become evident in 20's or 30's.
- For some, disease is chronic; for others, there are periods of exacerbation & remission; and for others it can be one-time occurrence.
- Illness affects perceptions, cognition, language, speech, attention, etc.



Most Common Symptoms

- ✓ Hallucinations
- ✓ Delusions
- ✓ Disorganized speech
- ✓ Bizarre behavior
- ✓ Inappropriate affect
- ✓ Confusion/ Disorientation
- ✓ “Negative” symptoms



Hallucinations

- **Auditory**

Most common form of hallucinations associated with psychosis.

- **Voices**

Generally taunting or saying negative things to person.

- **Command hallucinations**

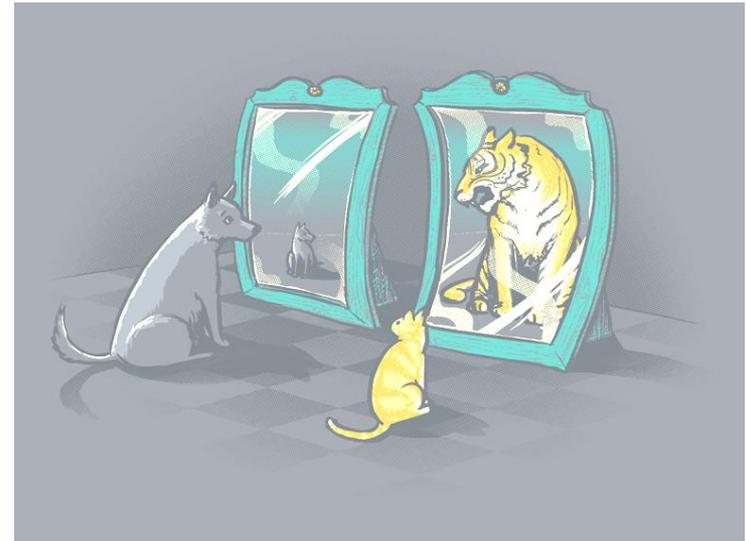
Tells the individual to perform certain tasks or actions.

Hallucinations (cont.)

- Rare for command hallucinations to tell individual to commit crimes – unless the crime is incorporated into a delusional belief system.
- Visual, olfactory, and sensory hallucinations can be associated with neurological disorders, occasionally with genuine psychosis, or may be feigned.

Delusions

- Fixed, false beliefs that individual holds despite evidence to contrary.
- Can be bizarre or non-bizarre.
- Content may include a variety of themes (e.g. persecutory, referential, somatic, religious, or grandiose).
- Persecutory delusions are most common – being tormented, tricked, spied on, subjected to ridicule.



Disorganized Speech/Thinking

- Loose Associations

Ping ponging from one subject to another with no clear string of thoughts connecting the two.



- Tangential

Responses to questions only remotely related to question at hand.

- Word Salad

Incomprehensible, disorganized, incoherent speech.

Bizarre Behavior

- Disheveled.
- Dress inappropriately (multiple layers of clothing).
- Putting tin foil in strategic places.
- Engaging in purposeless behavior repeatedly.
- Catatonia.



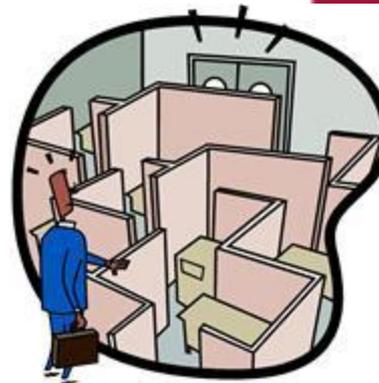
Inappropriate Affect

- Laughing at inappropriate times.
- Labile Affect – up and down rapidly.
- Smiling or silly facial expression without any apparent reason.



Confusion/Disorientation

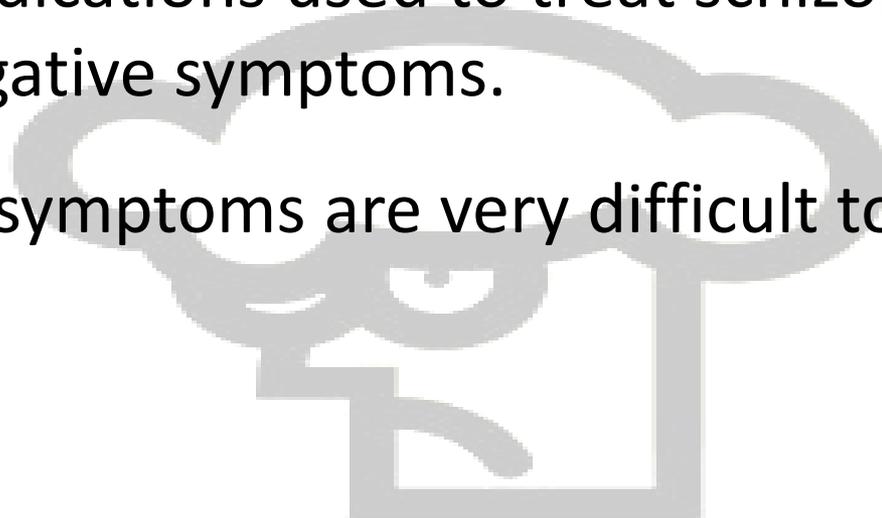
- Can't seem to hold and recall concepts after repeated instruction.
- Can't remember date or location despite repeated prompts.
- Can't recall who you are.



Negative Symptoms



- Negative symptoms
 - Absence of motivation, goal direction, interest in activities, affect, social interactions, etc.**
- Some medications used to treat schizophrenia can cause negative symptoms.
- Negative symptoms are very difficult to treat.



Clues that defendant may be psychotic and/or has a history of psychosis

- Has cotton or toilet paper in ears.
- Looks disheveled and poor attention to hygiene.
- Has incoherent speech.
- Voices convoluted delusional belief system and is unresponsive to alternative explanations.
- Looks around as if he/she might be hearing something or is suspicious of surroundings.
- Mentions medications such as Haldol, Prolixin, Thorazine, Geodone, Risperdal, Clozaril.

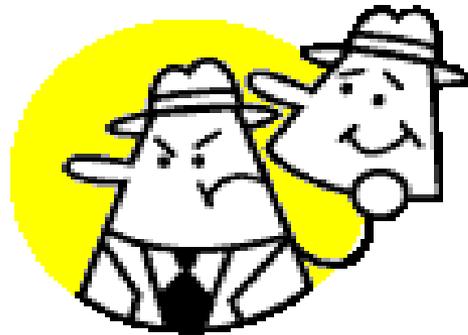
Responding to defendant who is psychotic

- Stay calm.
- Appreciate their perceptions are real to them and therefore can be genuinely frightening or disturbing.
- Use short, to the point sentences/questions.
- Use prompts to gain their attention.
- Validate that it is hard for them to concentrate, but encourage them to focus for just a short time.
- Don't play into delusions – don't encourage and don't argue with them.

Responding to defendant who is psychotic (cont.)

- Focus on here & now and on task at hand. Try to redirect away from beliefs, “I know that’s important but today we really need to talk about X”.
- Vast majority will respond favorably to treatment with antipsychotic medications.
- The quicker they can begin treatment the more likely they will respond favorably to medications.

Mood Disorders



Mood Disorders

- *Major Depressive Disorder.*
- Bi-polar, *Manic Depressive*, Affective Instability Disorders.
- Dysthymia
 - low grade, ongoing depressed mood
 - included but generally does not cause significant enough impairment to become serious issue.



Major Depressive Episode

- Symptoms generally exist for 2 straight weeks:
 - ✓ Include depressed mood, most of the day, nearly every day.
 - ✓ Diminished interest in activities.
 - ✓ Sleep & appetite disturbance.
 - ✓ Psychomotor retardation.
 - ✓ Fatigue.
 - ✓ Feelings of worthlessness or guilt.
 - ✓ Recurrent suicidal thoughts.



Manic Episode

- Persistent for minimum of one week:
 - ✓ Pressured, rapid speech
 - ✓ Expansive or irritable mood
 - ✓ Flight of ideas
 - ✓ Inflated self-esteem and grandiosity
 - ✓ Decreased need for sleep
 - ✓ Reports feelings of racing thoughts
 - ✓ Easily distracted
 - ✓ Hypersexual
 - ✓ Reckless, high risk behavior (which is out of character)



Clues that defendant may be depressed or manic and/or has a history of an affective disorder

- Depressed

Seems hopeless, teary eyed, cries easily, moves slowly, looks disheveled, no interest in anything, talks about suicide.

- Manic

Is hyper-verbal. Can't get a word in. Is grandiose (talking about having lots of money or power but is in fact indigent). Loud and boisterous. Ideas seem to tangent from topic to topic. Can't sit still – always moving. Mood is overly expansive or overly irritable (more than most inmates in jail).

- Mentions medications such as Paxil, Prozac, Celexa, Welbutrin, Zoloft, Lithium, Depakote, or Tegretol

Responding to defendant who is manic or depressed

- Use short, to the point sentences/questions.
- Use prompts to gain their attention.
- **Depressed Defendants:**
 - Try to engage them in routine activities as this itself can help improve mood.
 - Try to provide hope for future as often depression clouds perception and judgment.

Responding to defendant who is manic or depressed (cont.)

- **Manic Defendants:**
 - Encourage them to sit while talking to you.
 - Keep pulling them back to topic at hand.
 - Encourage them to slow down.
 - Repeat what you've understood and have them clarify what you've missed.
 - Have them break things down into discrete steps (i.e., First this happened, then this happened, etc.) Ask, "What happened next". Stop them if they get off track.

Responding to defendant who is manic or depressed (cont.)

- Encourage them to try to sleep and eat on a set schedule.
- Don't play into delusions – don't encourage and don't argue with them.
- Focus on here & now and on task at hand. Try to redirect away from beliefs, "I know that's important but today we really need to talk about X".

Responding to defendant who is manic or depressed (cont.)

- Often, if effectively treated, there can be nearly full symptom abatement. However, they are often prone to treatment non-compliance as they feel they have been cured. Encourage full compliance at least through the resolution of their legal issues.
- The quicker they can begin treatment the more likely they will respond favorably to medications.

Personality Disorders



Personality Disorders

- Multiple Types – Antisocial, Borderline, Narcissistic, Schizoid, Schizotypal, Paranoid, Dependent, Avoidant, Histrionic, and Obsessive/Compulsive
- Personality Disorders are enduring, rigid patterns of perceiving, relating to, and thinking about the environment that are inflexible and maladaptive. They cause the individual to come into conflict with societal norms and cause distress.
- Antisocial and Borderline are the types most likely to be seen in jail and can be the most challenging.

Antisocial Personality Disorder (ASPD)

- Defined by disregard of and/or violation of other's rights – hence the reason for over-population in jails.
- By definition, they usually had troubles as a child/adolescent and may have a long juvenile arrest record.
- Often are socially adept and manipulative.
- Will often act out when they perceive disrespect.

Antisocial Personality Disorder (cont.)

- May sound paranoid (“everyone is against me”), but does not rise to delusional level and often reflects their true experiences in the world.
- Respond best to firm limit setting.
- Respond in a matter of fact, unemotional manner.
- There are no real medications to treat ASPD, but psychiatrists may prescribe antipsychotics, mood stabilizers, and/or anxiolytics to target aggression, anger, and problems managing their affect.

Borderline Personality Disorder

- Characterized by:
Unstable interpersonal relationships, impulsivity, dramatic acting out, repeated attempts at self-injury, and vacillating between overvaluing and then undervaluing others (Love/Hate).
- Often are socially adept and manipulative.
- Will often act out when they feel they will be abandoned, when they find themselves in trouble, or when they want to get others to take care of them.

Borderline Personality Disorder (cont.)

- May sound paranoid, “everyone is against me,” but does not rise to delusional level and often reflects their true experiences in the world.
- Respond best to firm limit setting.
- Respond in a matter-of-fact, unemotional manner.
- There are no real medications to treat Borderline PD, but psychiatrists may prescribe antipsychotics, mood stabilizers, antidepressants, and/or anxiolytics to target aggression, anger, self-injury, and affect dysregulation.

Mental Health Assistance for Defendants

- Check with jail mental health staff about availability of mental health services in jail.
- and/or
- Check with the local Community Services Board (CSB) who may also be able to provide help.