

Psychiatric Patients and The Law

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To Be Covered

- Definitions & Characteristics of Mental Illness
- Suicide Risk Factors and Prevention
- Symptoms & Treatments of Common Disorders
- Voluntary and Involuntary Hospitalization
- Psychiatric Patients in Jails and Prisons

DSM – IV

- Descriptive, not explanatory
- Categorical
- Symptoms must be sufficient to cause “clinically significant distress or impairment in social, occupational, or other important areas of functioning”

Prevalence

- An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year.
- The main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 — who suffer from a serious mental illness.
- *Archives of General Psychiatry, 2005*

Burden

- Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders
 - *Archives of General Psychiatry, 2005*
- Mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44.
 - *The World Health Report, 2004*

Suicide

- 300,000 attempts and 31,000 completed suicides (12/100,000) each year in the US
- 3rd leading cause of death in male adolescents and college students
- The highest suicide rates in the U.S. are found in white men over age 85

Suicide (cont.)

- Four times as many men as women die by suicide; however, women attempt suicide two to three times as often as men.
- Most common attempt: drug ingestion
- Most likely to be fatal: gunshot

Guns

- More than 1/3 of US households contain firearms
- More than half of all suicides are by gunshot
- In 2005, gun suicide accounted for 40% more deaths than gun homicide
- Suicides are 2 to 10 times more likely in homes with guns, all else being equal (psychiatric illness, SI, past attempts, etc)

Guns

- Simply having the gun locked up and unloaded greatly reduces the risk
- For example, adolescent suicide was four times as likely in homes with a loaded, unlocked firearm as in homes where guns were stored unloaded and locked
- This is because suicide is very often an **IMPULSIVE** act, and ease of access means everything

Guns

- Many people may think that anyone who is serious enough about suicide to use a gun would find an equally effective means if a gun is not available, but this is NOT TRUE
- In states with low gun ownership, there is no increase in non-gun suicides
- Similarly, a barrier on a bridge can be surmountable but will still deter jumpers

Identifying Suicidal Thoughts

- May not make a direct statement or threat
- Examples of indirect statements:
 - “You won’t be bothered by me much longer.”
 - “I can’t take this any more.”
- Talking about a significant loss (job, spouse) may be an opening for further questions about suicidal thoughts

Assessing Suicide Risk

- Asking about suicide does NOT precipitate it!!!!
- If a person has said something that raises a question in your mind, go ahead and ask!
- “With everything that’s been going on, have you had any thoughts about wishing you were dead, or wanting to hurt yourself?”

Assessing Suicide Risk

- “Have you done anything yet to try to hurt yourself?”
- IF YES – Get them to tell you what they did in detail
 - “What pills did you take? How many?”
 - “Where did you cut? How deep? How long?”
- IF NO - Ask further about **plan and intent**

Plan and Intent

- “Have you had any thoughts of what you might do to hurt yourself?”
- Ask if the person has taken ANY STEPS towards carrying out the plan, such as stockpiling meds, buying a gun etc.
- Probably the most important question is “Do you have access to a gun?”

Past Attempts

- One of the strongest predictors of future suicide attempts is past suicide attempts
- “Have you ever done anything in the past to try to hurt yourself?”
- “How many times?”
- “When was the last time?”
- More recent attempts are more concerning

Intoxication

- Intoxication is another important risk factor
- Ask the person if he/she has used alcohol or drugs today, or has taken prescription anxiety or pain medication
- Look for signs of intoxication, such as slurred speech, impaired coordination, bloodshot/glassy eyes, lack of focus or eye contact, physical agitation, drowsiness, very constricted or dilated pupils, etc.

Major Depressive Disorder

- Affects approximately 14.8 million American adults, or about 6.7 percent of the U.S. population age 18 and older in a given year.
- Major depressive disorder can develop at any age, but the median age at onset is 32. People can have a single episode or it can recur many times throughout life.
- More prevalent in women than in men.

Major Depressive Disorder

- Treatment is effective for most people.
- Most common medications: Prozac, Paxil, Zoloft, Celexa, Lexapro, Wellbutrin, Effexor, Cymbalta, Remeron, Elavil.
- Medications commonly added for anxiety or sleep: Trazodone, Vistaril (hydroxyzine), Ambien, Lunesta
- ECT is the most effective treatment, and is still commonly used.

Bipolar disorder

- Affects approximately 5.7 million American adults, or about 2.6 percent of the U.S. population age 18 and older in a given year.
- The median age of onset is 25 years.
- Must have at least one manic episode to meet criteria for the diagnosis.

Manic symptoms

- Fast speech
- Physical restlessness (pacing, can't sit still)
- Reduced sleep
- Lots of energy
- Grandiose delusions (I'm Jesus, I'm about to become a famous musician, I can read people's thoughts, etc.)
- Taking on many new projects, but not finishing anything because of poor concentration
- Impulsive behavior (gambling, spending, casual sex)

Manic symptoms

- During a manic episode, people will deny that anything is wrong – THEY FEEL GREAT!
- The problem is, they are usually causing havoc in other people's lives, wrecking relationships, losing jobs, going broke, breaking laws, etc.
- Even those with a longstanding diagnosis of Bipolar disorder will often stop taking medications and believe that all is well during a manic episode.

Bipolar medications

- Lithium
- Depakote
- Lamictal
- Tegretol
- Abilify, Geodon, Risperdal, Zyprexa, Seroquel

- Also, often antidepressants like Prozac, Zoloft, Wellbutrin

Schizophrenia

- Approximately 2.4 million American adults, or about 1.1 percent of the population age 18 and older in a given year, have schizophrenia.

- Affects men and women with equal frequency.

- Often first appears in men in their late teens or early twenties. In contrast, women are generally affected in their twenties or early thirties.

Symptoms of Psychosis

- Hallucinations (almost always auditory, e.g. “hearing voices” rather than visual, e.g. “seeing things”)

- Delusions (often paranoid themes, such as “someone is plotting against me, or trying to harm me” but also can be bizarre, such as “I have a chip in my head that transmits to aliens”)

- Disorganized thinking (jumping from topic to topic in a way that confuses the listener, or being incoherent)

Symptoms of Psychosis

- People can be “shut down” and speak very little or they can be “revved up” and seem to have boundless energy.
- Agitation can be severe. Restraints and intramuscular medications may be needed to prevent injury to self or others.
- Delusions do not respond to logic, and trying to convince someone that their delusion is false can lead to agitation.

Strategies

- Try to allow that what they’re saying is at least possible even if it isn’t plausible (“I suppose it is possible, but you must admit that what you are saying sounds unlikely.”)
- It is best to focus on your desire to help, such as by saying “What you’re talking about must be pretty upsetting; we’re going to see what we can do to help.”

Antipsychotic Medications

- I’ve found that people with Schizophrenia who are having symptoms and denying that they have an illness will still acknowledge their history of taking medications, so it helps to know these by name:
- Risperdal, Zyprexa, Geodon, Abilify, Seroquel, Clozaril
- Haldol, Prolixin, Mellaril, Trilafon, Thorazine

Anxiety Disorders

- Panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia).
- Approximately 40 million American adults ages 18 and older, or about 18.1 percent of people in this age group in a given year, have an anxiety disorder.¹
- Anxiety disorders frequently co-occur with depressive disorders or substance abuse.
- Nearly three-quarters of those with an anxiety disorder will have their first episode by age 21.5

Medications for Anxiety

- The antidepressants are first line and work well for many people; others need additional medications.
- Benzodiazepines are the most effective in terms of immediate relief, but are also extremely addictive.
- These include Valium, Xanax, Ativan, Klonopin, Restoril, and all generic names end in “-azepam” (e.g. diazepam, alprazolam, lorazepam, clonazepam)

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD, one of the most common mental disorders in children and adolescents, also affects an estimated 4.1 percent of adults, ages 18-44, in a given year.
- ADHD usually becomes evident in preschool or early elementary years. The median age of onset of ADHD is seven years.

Stimulants

- This is the other class of psychiatric medications that can be abused.
- However, for those with ADHD, stimulants do not provide euphoria and are very rarely abused.
- All are derivatives of Ritalin or Adderall, and common brand names include Concerta, Vivance, Focalin, etc.

Alzheimer's Disease

- Increasing age is the greatest risk factor. In most people with AD, symptoms first appear after age 65.
- One in 10 individuals over 65 and nearly half of those over 85 are affected.
- From the time of diagnosis, people with AD survive about half as long as those of similar age without dementia.

Strategies

- It is not uncommon for people with dementia to develop delusions and become agitated.
- As with psychosis, it is not usually helpful to correct inaccuracies.
- Validate that what they are experiencing is difficult, and focus on your desire to help.

Psychiatric Hospitalization

- Units are locked but most patients are there “voluntarily,” even if they were first admitted “involuntarily.”
- A “72-hour hold” is used when there is suspicion of danger to self or others, or it is suspected that a patient cannot care for themselves.

Involuntary Hospitalization

- A 72-hour hold gives us time to assess a patient and determine if their condition warrants continued hospitalization via a “petition for commitment.”
- Petitioning the court can have 4 results:
 - Petition is not supported by a county “screener”
 - Petition is supported but later dismissed by a judge
 - Stay of Commitment
 - Commitment (+/- Jarvis order) – max of 6 months

Voluntary Hospitalization

- If someone has the capacity to sign themselves into the hospital (i.e. they understand their illness and the risks associated with leaving the hospital), and they want to remain in the hospital, they are allowed to sign in as a voluntary patient.
- If they abruptly want to leave, however, they must sign a “12-hour intent to leave,” giving the doctor time to evaluate their safety.

Forced Medications

- Forced intramuscular medications (injections) can be used in the ER and in the hospital for “behavioral emergencies” – times when behavior poses significant risk of harm to self or others.
- The law allows for continuation of forced IM medications if not doing so carries significant risk of harm, but this is rarely done in practice until a Jarvis order is obtained.

Psychiatric Patients in the Jails

- Jails must have some form of health assessment for new detainees, so that serious health problems can be identified and essential medications continued.
- Careful attention is paid to the suicide risk assessment, since the period immediately following arrest is a high risk time. Most jails have the capability to place at-risk detainees on “direct observation.”

Psychiatric Patients in the Jails

- A psychiatrist or nurse practitioner will evaluate these detainees on a daily basis.
- Most urban jails also have several levels of “care” available beyond “direct observation”:
 - Isolation cells, usually with 15 minute checks, where rounds are made weekly by a psychiatrist
 - Mental health housing unit, where detainees are seen once every 1-3 months by a psychiatrist or NP

Psychiatric Patients in Prisons

- All inmates who require psychiatric medications are often housed in a special camp, often with inmates with other types of medical needs.
- These will usually include “inpatient” and “outpatient” care settings.
- Inmates are still expected to work, but these camps are relatively free of gang activity and intimidation.

What the Law Requires

- Jails and prisons are only obligated by law to treat “serious mental illness” and this roughly translates to the types of problems that commonly lead to hospitalization.
- However, most detention centers also treat milder forms of illness. Medications are limited to non-narcotics (no benzodiazepines or stimulants).

Psychiatric Treatment for Inmates

- It is felt that treatment contributes to the warden’s central mission – security.
- Untreated mental illness would increase the chaos and conflict encountered by detention center staff, and increase the likelihood of injury for all inmates.
- Not treating “serious” mental illness has been deemed by courts to constitute cruel and unusual punishment.

Good references

- NAMI.org – National Alliance on Mental Illness
- NMHA.org – Mental Health America
- PsychGuides.com – patient and family guides
- Erowid.org – drug users guide to substances

Questions

- Any questions are welcome.
