EXHIBIT C

ADULTS with MENTAL ILLNESS

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Learning Objectives:

- Know the definition of mental illness.
- Know how to recognize signs of mental illness.
- Know how mental illness is treated.
- Know about "dual diagnosis."
- Know basic facts about suicide.

Mental Illness – definition:

- "A clinically significant behavioral or psychological syndrome that occurs within an individual and is associated with **distress**, **disability** and or with **increased risk of death**, pain, disability or **important loss of freedom**."

Prevalence of Mental Illness

- Estimated (WHO) that **450 million** people worldwide have mental illness.
- **One out of every four individuals** will meet criteria for a mental illness at some point in his or her life.
- Estimates are low (**stigma**).

BROAD OVERVIEW OF MENTAL ILLNESSES IN ADULTS

WITH CASE EXAMPLES

Categories of Mental Illness

- Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Trauma and Stress-Related Disorders
- Traumatic Brain Injury
- Personality Disorders

PSYCHOTIC DISORDERS

SCHIZOPHRENIA

Schizophrenia

Schizophrenia – symptoms

"Thought Disorder" or "Psychosis"

- **Loss of touch with reality**
- Delusions – fixed false beliefs
- Hallucinations – unreal sensory experience
- Disorganization - speech and behavior
- Also exhibit negative symptoms
- Victimization and violence

Schizophrenia – treatment

Antipsychotic medication = mainstay

- Work for many people, if they take them
- Insight can impair compliance
- Side-effects can impair compliance
  - Meds like haldol – risk of tardive dyskinesia
  - Meds like seroquel – risk of diabetes
- Some people are "treatment resistant"

Psychosocial rehabilitation = key

MOOD DISORDERS

MAJOR DEPRESSION
BIPOLAR DISORDER

Major Depression

Major Depression – symptoms

- Depressed mood or loss of interests
- Crying spells
- Feelings of worthlessness or guilt
- Appetite, energy and sleep disturbance
- Psychomotor agitation/retardation
- Diminished concentration
- Preoccupation with death
- Suicidal thoughts, plans or acts

Major Depression – treatment

Antidepressant medication

- Examples = Prozac, Zoloft, Cymbalta, Elavil
- Work for many people… if they take them
- Compliance can be low
  - Side-effects such as sexual dysfunction
  - "It wasn't working."
  - "I was feeling better, so I didn't need it anymore."

Electroconvulsant Therapy

- Safe & effective, when meds don't help

Bipolar Disorder

Bipolar Disorder – symptoms

"Manic Depression" → mania

- Elevated, expansive or irritable mood
- High energy
- Decreased need for sleep
- Racing thoughts
- Increased talkativeness
- Inflated self-esteem
- Distractibility
- Impulsive with poor judgment

Bipolar Disorder – treatment

Mood-stabilizing medication

- Lithium, Depakote, Antipsychotics
- Work for many patients…if they take them!
- Compliance is often low
  - Side-effects – weight gain, hair loss, possibility for liver and kidney damage, diabetes
  - Mania feels good!
  - "I'm too slowed-down, I can't think, I can't be creative…"

ANXIETY DISORDERS

SPECIFIC PHOBIA
SOCIAL ANXIETY
GENERALIZED ANXIETY
PANIC DISORDER

Specific Phobia

Specific Phobia

- Marked fear or anxiety about a specific object or situation.
- Individuals **avoid** exposure,
- or **endure** with extreme discomfort.

Social Anxiety Disorder

Social Anxiety – symptoms

- Marked fear or anxiety about social situations.
- Fear humiliation or embarrassment.
- Fear rejection.
- Individuals avoid or endure.
- Co-occurring substance abuse.

Generalized Anxiety Disorder

Generalized Anxiety – symptoms

- Excessive anxiety and worry which is difficult to control.
- Restlessness.
- Fatigue.
- Poor concentration.
- Irritability.
- Muscle tension.
- Sleep disturbance.

Anxiety Disorders – treatment

Antidepressant medication

- Helps…but is not a quick fix in those moments of anxiety
- Takes time to work and has side-effects
- Many times people opt for "self-medication"

Therapy is key

- Exposure therapy
- Coping skills
- Breathing techniques for panic attacks

TRAUMA- AND STRESSOR-RELATED DISORDERS

POSTTRAUMATIC STRESS DISORDER

PTSD – symptoms

- **Exposure** to actual or threatened death, serious injury, or sexual violence.
- **Reexperiencing**.
- **Avoidance**.
- Negative **mood and cognition**.
- Marked alteration in **arousal**.
- With or without **dissociative symptoms**.

PTSD – treatment

Trauma therapy is most important

- For many, it is too painful.
- Therapy avoidance is common.
- Many opt for "self-medication."

Medications can help, but just treat symptoms.

- Sleep aids for insomnia.
- Antidepressants.
- Mood-stablizers and/or antipsychotics.

TRAUMATIC BRAIN INJURY (TBI)

MAJOR or MILD NEUROCOGNITIVE DISORDER

TBI – symptoms

- **Cognitive decline** from a previous level of performance following head injury.
- Complex attention.
- Executive function.
- Learning and memory.
- Language.
- Perceptual-motor.
- Social cognition.

TBI – treatment

Referral to neurology for evaluation.

Psychiatric medications can help to treat symptoms.

- Antidepressants.
- Mood-stabilizers and/or antipsychotics may be needed.

PERSONALITY DISORDERS

BORDERLINE PERSONALITY
ANTISOCIAL PERSONALITY

Personality Disorder

- "An **enduring** pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture…"

Borderline Personality Disorder

Borderline Personality Disorder

- Pervasive instability of interpersonal relationships, self-image and affects.
- Pervasive impulsivity.
- "Splitting."
- Chronic emptiness.
- Recurrent suicidality, self-mutilation.
- Dysregulated mood, rages.
- Dissociation and paranoia.

Antisocial Personality Disorder

Antisocial Personality Disorder

- Pervasive pattern of disregard for and violation of the rights of others, starting by age 15.
- Law-breaking.
- Deceitfulness.
- Impulsivity, recklessness, poor planning.
- Irritability, aggressiveness.
- Lack of remorse.

Is there treatment?

Therapy can help, if you can establish a relationship.

Medications can help –

- Treating any mental illness that co-occurs.
- Treating symptoms, for example, give a mood-stabilizer for mood swings.

Therapeutic Communities can help.

"DUAL DIAGNOSIS"

MENTAL ILLNESS PLUS SUBSTANCE USE

"Dual Diagnosis"

- 60% of people with mood disorders have a substance use disorder.
- 80% of people with ASPD.
- 50% of people with schizophrenia.
- 37% of people with alcohol addiction have diagnosable psychiatric disorder.
- More than 50% of people with drug addiction have diagnosable psychiatric disorder.

"Dual Diagnosis"

- Unemployment, homelessness
- Estrangement and isolation
- Worsening of psychiatric symptoms – direct effect or through medication non-compliance
- Re-hospitalization Rates = 2-3x
- Cost of Care = 2x
- Failure to progress in treatment
- Increased risk of suicide = 20x

SUICIDE

KNOW THE FACTS

Suicide Statistics

- >40,000 suicides per year in the US (CDC)
- 10th leading cause of death
- 1 death every 13 minutes
- SWM ages 45-64
- Firearms account for 50%
- Suicide attempts
- Self–harm occurs 12x more often

Suicide Risk Factors

- Recent loss
- Feeling trapped
- Hopelessness
- Feeling worthless
- Anxiety, agitation, insomnia
- Impulsivity
- Substance abuse
- Mood disturbance
- Access to lethal means

"Suicide by Cop"

- "Police-Assisted Suicide"
- Said to occur when an individual has desire to die and has purposefully acted in a manner to provoke police to use deadly force against him.
- No clear statistics, but known to impact many police officers.

YOU CAN HELP!

RECOGNIZE
DEESCALATE
REFER WHEN POSSIBLE

Learning Objectives:

- ✓ Know the definition of mental illness.
- ✓ Know how to recognize signs of mental illness.
- ✓ Know how mental illness is treated.
- ✓ Know about "dual diagnosis."
- ✓ Know basic facts about suicide.

Acknowledgements

- Carole Ballard - ADAMHS Board
- Police in attendance
- THANK YOU!

Adults with Mental Illness Training Manual

Slide 1:

Cover Slide-Introduction of the Speaker along with Credentials. Identification of clinical practice and description of past training experience with law enforcement.

Slide 2:

Description of Learning Objectives. Describe the anticipated outcomes that law enforcement will learn as a result of the training.

The objectives are-Definition of mental illness. Recognize the signs of mental illness. Learn about how mental illness is treated. Learn about people who suffer from "dual disorders" i.e. substance abuse and mental illness. Learn the facts about suicide.

Key Points to Consider-this training is a broad overview of mental illness. It will provide the officers with a point of reference. The purpose is not to make officers function as social workers but provide the ability to understand and increase awareness regarding the complexities of mental illness.

Slide 3:

Definition of mental illness.

Key Points to Consider-the definition of mental illness can be broad. Everyone does not have the same experience described in the definition. There may be other factors that contribute to the complexities of defining mental illness.

Slide 4:

Prevalence of mental illness.

Discussion regarding the prevalence of mental illness from a national perspective.

Key Points to Consider-prevalence of the data represents an estimate based upon a variety of data points including self-reports. We believe that the incidence of mental illness is much greater than reported. Stigma defined as the mark of disgrace associated with a particular circumstance and or condition plays a large part in the reporting of mental illness.

Slide 5:

Broad overview of Mental Illnesses in Adults

Slide 6:

Brief statement regarding the categories of mental illness for discussion.

Key Points to Consider-this list is not comprehensive. These categories represent the types of disorders most police might encounter in the community.

Slide 7:

Psychotic Disorders

Schizophrenia

Key Points to Consider-schizophrenia is very common source of calls to police based upon their unusual presentation and challenges in the community.

Slide 8:

Schizophrenia

Slide 9:

Schizophrenia is a serious mental disorder in which people interpret reality abnormally. This may result in some combination of hallucinations, delusions and extremely disordered thinking and behaviors that impairs daily functioning and can be disabling.

Description of the symptoms associated with schizophrenia.

Loss of touch with reality-person may not be connected with the current date, time or event of what is going on.

Delusions-person has false fixed beliefs. Person believes that these false fixed believes are real and may act upon them. Person cannot be talked out of these beliefs.

Hallucinations-person is experiencing unreal sensory experience. A perception of having seen, heard, touched, tasted or smelled something that wasn't actually there. Hearing voices in a person's head is one of the most common experience that many people report.

Disorganization is characterized by disorganized behavior and speech. This also could include disturbance in emotional expression.

Negative symptoms of schizophrenia involve a loss of normal function and can include a diminished capacity to experience pleasure, decreased social affiliation, lack of motivation and drive, decreased outward expression and diminished speech.

Victimization and violence of persons who are diagnosed with schizophrenia is a common occurrence they can be easily taken advantage of in the community due to their limitations.

Key Points to Consider-signs and symptoms of schizophrenia may vary. Not all persons experience the same things. Schizophrenia usually takes hold after puberty. Most people can be diagnosed in their late teens to early 30's.

Slide 10:

Schizophrenia Treatment

Antipsychotic medication is the mainstay for treatment. Most people will be taking a "cocktail" of medications in order to address the symptoms the person is experiencing at the time. Medication can change based upon what the person and or others may be reporting. Persons will also receive medication to address the common side effects of the medication.

Insight regarding "having a mental illness" can impair compliance. Many people with schizophrenia "deny and or are not aware" that they have a mental illness therefore lack of compliance to treatment is a big factor in level of functioning in the community. Many people may also stop taking their medication when they are no longer bothered by the symptoms which lead to their treatment.

Side effects of anti-psychotic medication include: weight gain, sexual problems, drowsiness, dizziness, restlessness, dry mouth, constipation and nausea. Persons taking older anti psychotics may complain of stiffness in the arms and legs, muscle spasms, trouble swallowing, tremors, restlessness or pacing, very slow movements along with changes in breathing and heart rate. Based upon this variety of side effects many people taking anti-psychotic medication choose not to take it because they do not feel good.

Some persons with schizophrenia are identified as "treatment resistant". This refers people who do not respond to two or more trials of anti-psychotic medication. Up to 30% of persons treated for schizophrenia may be identified as treatment resistant.

Psychosocial rehabilitation = key to long term stability in the community. These activities can include skills training, cognitive behavioral therapy (CBT), and socialization skills.

Key Points to Consider-within our mental health treatment community we offer a broad of services like consumer operated drop in facilities; supported employment services; group social outlets; holiday events, etc. Treatment services can be offered in the office, community and elsewhere depending upon client preference and needs.

Slide 11:

Mood Disorders

Major Depression

Bipolar Disorder

We selected these two categories because they are the most common disorders that officers are likely to encounter.

Slide 12:

Major Depression

We will start with major depression disorder. Very common compliant in our community.

Slide 13:

Major depression-symptoms

Major depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. It affects how a person feels, thinks and behave and lead to a variety of emotional and physical problems. The following are a variety of symptoms associated with major depression.

Depressed mood or loss of interests or pleasure in most or all normal activities.

Crying spells

Feelings of worthlessness or guilt which include fixating on past failures or self-blame.

Problems with loss of appetite, energy and sleep disturbance. Person may sleep too little or too much. Person may have a reduced appetite and weight loss or increased cravings for food and weight gain.

Psychomotor agitation/retardation like slowed thinking, speaking or body movements.

Preoccupation with death which will include frequent or recurrent thoughts of death.

Suicidal thoughts, plans or acts which could be in the persons current or previous thoughts.

Key Points to Consider-these symptoms could be severe enough to cause noticeable problems in day to day activities such as work, school, social activities or relationships with others. Some people may feel generally miserable and unhappy but may not know why.

Slide 14:

Major Depression Treatment

The mainstay of treatment is usually medication, talk therapy, or a combination of the two. Increasingly, research suggests these treatments may normalize brain changes associated with depression.

Antidepressant medication include Prozac, Zoloft, Cymbalta, Elavil, etc. These medications can work effectively as long as they are taken as prescribed.

Side effects of antidepressants include nausea, increased appetite and weight gain, loss of sexual desire and other sexual problems, dry mouth, blurred vision and constipation. As a result of these side effects many people may be non-compliant with medication.

Electroconvulsant therapy or ECT can provide rapid, significant improvements in people who have severe depression. This is procedure done under a general anesthesia in which small electric currents passed through the brain, intentionally triggering a brief seizure. ECT is typically employed when medications are not alienating the symptoms.

Key Points to Consider-not all medications can work. Every person reacts differently. Medications can also be compromised because of other physical issues as well.

Slide 15:

Bi Polar

This is a common diagnosis for persons that officers may encounter.

Slide 16:

Bi Polar is describes as a disorder associated with episodes of mood swings ranging from depression lows to manic highs. More than 3 million people in the US suffer from bi polar disorder.

Symptoms of bi polar include-Manic Depression which is described as high energy, reduced need for sleep, and loss of touch of reality. Many people exhibit elevated, expansive or irritable mood. Their thoughts are racing often switching from one topic to another. They may exhibit increased talkativeness characterized by rapid speech. Persons with bi polar disorder have an inflated self-esteem by thinking of themselves very highly and able to do anything. They are easily distracted and often unable to follow through with tasks. Impulsivity with poor judgement often leads to high spending sprees and elaborate activities that they may not be able to afford.

Key Points to consider is that bi polar disorder is a mental illness that causes dramatic shifts in a person’s mood, energy and ability to think clearly.

Slide 17:

Bi Polar Disorder-Treatment

Treatment is usually lifelong and often involves a combination of medications and psychotherapy. Medications include Lithium, Depakote and Antipsychotics. Medications can work but people need to be compliant. Noncompliance to medication is often low.

Side effects medication include weight gain, hair loss, and possibility for liver and kidney damage as well as diabetes.

Often times persons with bi polar like the “high” they feel when they are off their medication. They feel that they can “get more things done” as well as not taking medication can increase their level of “creativity”.

Key Points to Consider in working with people with bi polar disorder-generally high functioning, often identified by celebrities and high profile people. Bi polar disorder requires ongoing monitoring and support.

Slide 18:

Anxiety Disorders

Areas to cover-Specific phobia; Social Anxiety; Generalized Anxiety along with Panic Disorder.

Slide 19:

Specific Phobia like fear of spiders or referred to as Arachnophobia. This is characterized as an unreasonable fear of spiders and other arachnids such as scorpions.

Slide 20:

Specific Phobia is defined as a marked fear or anxiety about a specific object or situation. Individual who have a marked fears may avoid exposure to that item or situation. Other times people who have specific phobias may endure the object or situation but have extreme discomfort.

Key Points to Consider for persons with specific phobias. These fears are real to them. Person could feel both mental and physical discomfort. Specific phobias can be identified at a young age.

Slide 21:

Social Anxiety Disorder

Slide 22:

Social Anxiety Symptoms

Many people suffer from some form of social anxiety. Social anxiety is described as a chronic mental health condition in which social interactions cause irrational anxiety. This is a treatable condition which can last for years untreated. For people with social anxiety, everyday interactions cause fear, self-consciousness. For some people there is a general fear of offending someone and or feeling socially awkward. Some people may have a fear of being watched and or judged by others which increases their level of anxiety.

The symptoms are: fear of humiliation or embarrassment. There is a marked fear of rejection. These individuals will attempt to avoid the situation. Some will attempt to endure the situation but under great distress. Some people who suffer from social anxiety may also have a co-occurring substance abuse disorder as a mechanism to cope with uncomfortable situations.

Key Points to Consider-treatment for this disorder is generally a combination of talk therapy along with anti-depressants.

Slide 23:

Generalized Anxiety Disorder

Slide 24:

Generalized anxiety disorder is described as a state of excessive worry about everyday things. It can interfere with a person's daily activities. This condition is chronic and can last for years. The symptoms are: Restlessness-inability to sit still; Fatigue-emotionally and physically tired; Poor concentration-inability to stay focused and or complete tasks. Irritability/hyperviligence-always on the lookout and easily startled. Muscle tension-chronic physical complaints including headaches, heart palpitations, etc. Sleep disturbance-chronic complaints about insomnia.

Key Points to Consider-there is no single cause for generalized anxiety disorders. Research indicates that it could be done to environmental and or genetic issues. Exposure to trauma and other stressful events can lead to a diagnosis of generalized anxiety disorder.

Slide 25:

Anxiety Disorders Treatment will include talk therapy as well as medication.

Anti-depressants can help but are not considered to be a quick fix. It takes time for the medication to work and like all medication there are potential side effects.

Many people may also be diagnosed as having "co-occurring disorder" which indicates that they may be taking drugs and or alcohol in the form of self-medication.

Talking therapy is a key. Exposure therapy to the threatening and or challenging situation could be considered. During therapy usually individual, the sessions may focus on developing improved coping strategies such as incorporating breathing techniques and mindfulness.

Key Points to Consider-generalized anxiety disorders can be combined with other mental health issues.

Slide 26:

Trauma and Stress Related Disorders

Post-Traumatic Stress Disorder (PTSD)

Slide 27:

Sometimes referred to as the “soldier’s disorder”, PTSD is often the subject in the news related to people who have served in the military. Anyone can be diagnosed with PTSD and at any age. The definition of PTSD include: Exposure to actual or threatened death, serious injury or sexual abuse. The person might also be victim of a national tragedy such as weather related events, mass shootings, traumatic issues in their communities.

Symptoms of PTSD may include a person re-experiencing the traumatic event. Such as a veteran having flashback during Fourth of July celebrations-firecrackers. Person could experience bad dreams and or frightening thoughts about the event even though the event is in the past.

Avoidance in which the person following a car accident no longer drives down the same street and or stops driving period. Avoiding thoughts or feelings related to the traumatic event.

Negative mood and cognition in which the person has varied mood changes based upon anxiety about a situation or event-fear of triggers associated with the event. Persistent negative thoughts about the world around them i.e. no longer feeling safe. Distorted feelings of guilt and or blame-could have done more to avoid or prevent the event. Loss of interest in pleasurable events.

Marked alteration in arousal in which the person is easily startled, feels on edge or tense at times. Person will have difficulty sleeping and is subject to angry outbursts. These feelings can occur if the person feels reminded of the events.

Key Points to consider-symptoms could last months to years. Usually interferes with the persons relationships at work, home and or school. Children and teenagers who are diagnosed with PTSD may have different symptoms depending on their age.

Slide 28:

PTSD Treatment

The main treatment for people with PTSD are medication and talk therapy.

Trauma therapy is most important. For many people, therapy can be viewed as “painful”. Therefore avoidance to therapy is common.

Many people with PTSD can be diagnosed as having a “co-occurring” disorder because they may self-medicate as a means to cope with their feelings.

Medications can be helpful but are there to merely treat symptoms but not address the presenting problems. People are prescribed sleep aids for insomnia. They are also prescribed a combination of anti-depressants and mood stabilizers and or anti psychotics as well.

Key Points to Consider-PTSD is viewed as a chronic long term disorder. PTSD can interfere with a person’s quality of life, relationships, work, etc. Ongoing treatment is challenging because

people seldom want to talk about what has happened in their life yet the therapeutic approach for persons with PTSD indicates that trauma therapy is the most important thing to do.

Slide 29:

Traumatic Brain Injury (TBI)

Major or Mild

Neurocognitive Disorder

Slide 30:

Traumatic brain injury (TBI), a form of acquired brain injury, occurs when a sudden trauma causes damage to the brain. TBI can result when the head suddenly and violently hits an object, or when an object pierces the skull and enters brain tissue.

Symptoms of a TBI can be mild, moderate, or severe, depending on the extent of the damage to the brain. A person with a mild TBI may remain conscious or may experience a loss of consciousness for a few seconds or minutes. Other symptoms of mild TBI include headache, confusion, lightheadedness, dizziness, blurred vision or tired eyes, ringing in the ears, bad taste in the mouth, fatigue or lethargy, a change in sleep patterns, behavioral or mood changes, and trouble with memory, concentration, attention, or thinking.

A person with a moderate or severe TBI may show these same symptoms, but may also have a headache that gets worse or does not go away, repeated vomiting or nausea, convulsions or seizures, an inability to awaken from sleep, dilation of one or both pupils of the eyes, slurred speech, weakness or numbness in the extremities, loss of coordination, and increased confusion, restlessness, or agitation.

Key Points to Consider-Approximately half of severely head-injured patients will need surgery to remove or repair hematomas (ruptured blood vessels) or contusions (bruised brain tissue). Disabilities resulting from a TBI depend upon the severity of the injury, the location of the injury, and the age and general health of the individual. Some common disabilities include problems with cognition (thinking, memory, and reasoning), sensory processing (sight, hearing, touch, taste, and smell), communication (expression and understanding), and behavior or mental health (depression, anxiety, personality changes, aggression, acting out, and social inappropriateness). TBI is not a condition for persons involved with sports and or car accidents. Anyone could be diagnosed with TBI due to victim of a violent crime, traumatic event like weather related and they are injured, etc.

Slide 31:

Referral to neurology for evaluation. Anyone with signs of moderate or severe TBI should receive medical attention as soon as possible. Because little can be done to reverse the initial brain damage caused by trauma, medical personnel try to stabilize an

individual with TBI and focus on preventing further injury. Primary concerns include insuring proper oxygen supply to the brain and the rest of the body, maintaining adequate blood flow, and controlling blood pressure. Imaging tests help in determining the diagnosis and prognosis of a TBI patient.

Moderately to severely injured patients receive rehabilitation that involves individually tailored treatment programs in the areas of physical therapy, occupational therapy, speech/language therapy, (physical medicine), psychology/psychiatry, and social support.

Psychiatric medications can help to treat the symptoms. People are often prescribed antidepressants and or mood stabilizers.

Key Points to Consider-TBI is an ongoing chronic brain injury. People will often stop and start treatment. A strong support system is needed. Family members are often involved in support groups in order to learn how to manage and accept their loved ones injury.

Slide 32:

Personality Disorders

Borderline Personality

Antisocial Personality

Slide 33:

Personality disorders are described as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture.

Slide 34:

Borderline Personality Disorder

Slide 35:

Borderline personality disorder is a chronic condition that may include mood instability, difficulty with interpersonal relationships, and high rates of self-injury or suicidal behavior.

Borderline personality disorder (BPD) is characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and an individual's sense of identity.

More common in females as opposed to males. Often associated with a history of sexual abuse.

Persons who suffer from borderline personality often manipulate relationships by pitting one side against the other.

Self-mutilation is common symptom of this personality. Self-injury such as cutting on various parts of the body along with ingesting odd substances such as staples, carpet, etc.

This personality is often the subject of all public services i.e. EMS, Police, Fire and Mental Health. They are high utilizers of service and have a long term history of noncompliance.

Treatment options for this personality is mainly psychotherapy and medication as needed.

Key Points to Consider-this personality group is challenging to treat and often on the run. Most treatment communities have difficulty treating this population because their needs are life long and constantly changing. Dialectical Behavioral Therapy (DBT) has been identified as the most effective treatment to date.

Slide 36:

Anti-Social Personality

Slide 37:

Defined as a person with a pervasive pattern of disregard for and violation of the rights of others, starting by the age of 15.

These people have a history of law breaking, deceitfulness, impulsivity, etc.

They exhibit a history of persistent lying and tends

They generally lack remorse for anything that occurs. They are often describes as using charm or wit to manipulate others for personal gain or personal pleasure.

Slide 38:

Is there treatment?

Therapy can help but establishing a meaningful relationship with a therapist will be a challenge. Anger and violence management classes are often a referral for these personality disorders. Counseling strategies will focus on changing the person’s behavior.

Medications can help treat some symptoms but it will not alter the personality.

Key Points to Consider-antisocial personalities are difficult to treat. Many times people with antisocial personality disorders are often mandated into treatment as a result of criminal behavior.

Slide 39:

Dual Diagnosis

Mental Illness plus Substance Abuse

Slide 40:

Dual diagnosis is when a person experiences a **mental health** condition and a **substance abuse** problem simultaneously.

Discussion regarding the statistical information for persons with dual disorders. High incidence of people involved with the criminal justice system are diagnosed as having a dual disorder. Review of the slide.

Key Points to Consider-Treating people with dual disorders can be a challenging population to work with in the community. Treatment options are limited. Historical treatment is done in silo-people are treated based upon their presenting problem i.e. mental illness vs substance abuse. This method of treatment often has limited results and the person often cycles in and out of hospitals and jails.

Slide 41:

Dual Diagnosis Profile

This population suffers from high rates of unemployment and homelessness.

Worsening of psychiatric symptoms-direct effect or through medication noncompliance.

Re hospitalization rates are 2 to 3 times higher than most people.

Cost of their care will be twice the amount of the average person.

Failure to progress in treatment due to interruptions in therapy, high risk factors, etc.

Increased risk of suicide.

Key Points to Consider-evidence base practices emphasize the need to treat both disorders at the same time-Integrated Dual Disordered Treatment. Some treatment providers are trained in this model. This is an expensive model of treatment but has proven to be effective.

Slide 42:

Suicide: Know the Facts

Suicide 43:

Suicide Statistics

40,000 suicides per year in the US

10th leading cause of death in the US

1 death every 13 minutes across the country

More prominent among single white males between the ages of 45-64 years old

Use of firearms account for 50% of completed suicides

Women are more 12 times more likely to make suicide attempts. Typically women use less lethal methods such as pills and cutting.

Key Points to Consider-Ohio's suicide rate rose by 36% from 1999 to 2016, a federal report indicates-Center for Disease Control and Prevention. US rate had increased by 25.4 during the same time period. Ohio's increase was the 19th highest among the states.

Slide 44:

Suicide Risk Factor

There's no single cause for **suicide**. **Suicide** most often occurs when stressors and health issues converge to create an experience of hopelessness and despair.

A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes.

Review the slide.

Include-family history of suicide; family history of child abuse; cultural and religious beliefs i.e. belief that suicide is a noble resolution of a personal dilemma; local epidemics of suicide and stigma.

Key Points to Consider-Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts. Stigma plays a large role in why people do not seek treatment. Suicide is a permanent solution to a temporary problem.

Slide 45:

Suicide by Cop

Viewed as "police assisted suicide".

Said to occur when an individual has desire to die and has purposefully acted in a manner to provoke police to use deadly force against him.

No clear statistics, but known to impact many police officers.

Key Points to Consider-characteristics that increase the risk of suicide by cop are males, previous suicide attempts; untreated psychiatric disorders and religiosity.

Slide 46:

You Can Help!

Recognize-recognize people in crisis. Identify one or two characteristics that might better define the type of person you are working with.

Deescalate-deescalate the situation by engaging and talking with the person. Find out their triggers and their story. Slow down the intervention process and be prepared to modify your intervention.

Refer when possible-to community based alternatives that are a diversion from jail i.e. hospital emergency room; crisis stabilization unit; crisis center; mental health agencies, etc. Learn the resources in your community.

Slide 47:

Learning Objectives

Review what we learned

Know the definition of mental illness

Know how to recognize signs of mental illness

Know how mental illness is treated

Know about “dual diagnosis”

Know basic facts about suicide