



CJI Management Quarterly

Volume VIII, Issue II
Summer 2003

Published Quarterly by:

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The **Criminal Justice Institute** provides management, forensic science, and computer-related education and training, as well as research services and technical assistance, to Arkansas law enforcement and criminal justice community.

This quarterly newsletter is designed to provide timely information to improve the management, leadership, and performance skills of law enforcement supervisors.

*Your comments and suggestions
are solicited and welcomed.*

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LAW ENFORCEMENT RESPONSE TO THE MENTALLY ILL:

Dealing with the Dangerous Mind, Part II



Just as people suffer from physical ailments, a significant portion of the U.S. population suffers from debilitating mental ailments as well. According to the National Alliance for the Mentally Ill (NAMI), within the United States alone, 5 to 10 million adults and 3 to 5 million children, ranging in ages from five to seventeen years, are affected by the most serious and disabling of these illnesses, including schizophrenia, bipolar disorder, major depressive disorder, and borderline personality disorder.

Unfortunately, because the deterioration and devastation associated with mental illnesses are not as readily discernable as with physical illness, people often have less compassion for those who suffer from these types of brain disorders. This apathy, at times, can also be found within the law enforcement profession and creates a serious stumbling block for officers who regularly interact with individuals afflicted by mental illness.

To ensure that officers respond appropriately to individuals in mental distress, it is of vital importance that law enforcement personnel in the State are aware of the unique issues that must be addressed when dealing with persons with mental illness. In this issue of the *CJI Management Quarterly*, we will focus on some of the common types of mental illness that are currently afflicting millions of men, women, and children in the United States. By examining the origins and symptoms associated with various forms of brain disorders, it is our hope that you will gain a better understanding of some of the behaviors and emotional states of mind associated with mental illness.

Three Types of Psychological Disorders

- I. Mood Disorders**
- II. Psychotic Disorders**
- III. Personality Disorders**

Mood Disorders

Mood disorders include Depression and Bipolar Disorder, also known as Manic Depression. One might describe these disorders as "biological unhappiness." Major Depression is a serious medical illness that affects 9.9 million American adults and interferes with thoughts, behavior, physical activity, and physical health. Major Depression is the leading cause of disability in the United States and can occur at any age, including childhood. If untreated, episodes

commonly last anywhere from six months to a year. No treatment can lead to suicide.

There is no single cause for Major Depression. It is a biological brain disorder affected by psychological, biological, and environmental factors. It may occur spontaneously or be caused by stressful life events, such as the death of a loved one, chronic stress, loss of a job, alcohol and/or drug abuse, illness, medications, or a combination of successive tragic life events.

Symptoms of depression may include a profound sad or irritable mood, a change in sleeping habits (more or less than usual), a change in appetite (eating more or less than usual), a change in sexual habits, a change in energy level, memory loss, difficulty in thinking and concentrating, diminished physical activity, and a lack of interest in or pleasure from activities that were once enjoyed. Depressed individuals may have feelings of guilt, worthlessness, hopelessness, emptiness, recurrent thoughts of death or suicide, or physical symptoms that do not respond to medical treatment (i.e., headaches, digestive problems, chronic pain).

Fortunately, depression can be treated with medications used to restore the brain's chemical balance. These medications should always be complemented with psychotherapy to repair the underlying problems that have contributed to the onset of the illness. Be aware that individuals must take medications for several days to get enough in their system to feel better.

In many instances, once individuals begin to feel better, they stop taking medications to avoid adverse side effects. Without medication, it is likely they will soon begin experiencing symptoms of the illness once again.

Bipolar Disorder (Manic Depression)

While bipolar disorder has some symptoms that are similar to depression, there is also an additional stage of the illness called "mania," a state of mind in

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which individuals appear either elated and happy or irritable, angry and unpleasant. In the manic stage, activity and energy levels increase. Individuals will experience an accelerated flow of thought, rapid speech, decreased sleep, and an increased interest and participation in sexual activities. In this stage, grandiose plans are often developed, and individuals may believe they are celebrities, the President of the United States, or Jesus. Individuals in mania may withdraw large sums of money, gamble, go on spending sprees, or decide to travel across the country on the spur of the moment.

Individuals suffering from bipolar disorder may experience "mixed states" of the illness, in which symptoms of mania and depression occur at the same time. When alternating periods of mania and depression occur within a 12-month period, the individual is said to be bipolar with "rapid cycling."

Bipolar medications include mood stabilizers, such as lithium, depakote, anticonvulsants, and antipsychotics. During early stages of treatment, energy levels sometimes increase before the mood is improved. At this time—when decisions are easy to make, but depression is still severe—the risk of suicide is temporarily increased.

Individuals with bipolar disorder must always remain on medication. Side effects of medication include hand tremors, excessive thirst, excessive urination, memory problems, dry mouth, blurred vision, dizziness, drowsiness, nervousness, insomnia,

rashes, agitation, and loss of sexual interest. To avoid these side effects, many individuals stop taking medication once they feel better, only to relapse without recognizing what is happening.

Psychotic Disorders

Schizophrenia is a brain disorder that affects approximately 2.2 million American adults. The first signs of schizophrenia typically surface during teenage years or the early twenties, when life stressors, such as attending high school or college, are extremely high. Prior to onset, there may have been no indication of the mental illness.

Individuals with schizophrenia do not have a "split personality" and are not dangerous or violent while receiving treatment. However, the more episodes an individual has without treatment, the sicker they become over time. The illness is characterized by profound disruption in perceptions, thoughts, sense of self, language, and feelings.

No one symptom identifies schizophrenia. There are "positive" symptoms (also known as psychotic symptoms), "negative" symptoms, and "disorganized" symptoms.

Positive does not mean good; it means there are mindsets present that should not be, such as delusions or hallucinations. *Delusions* are firmly held erroneous beliefs due to distortions or exaggerations of reasoning. Delusions of being followed or watched are common among individuals with schizophrenia, as are beliefs that comets, radio and television programs, or

satellite programs, or satellite dishes are directing special messages directly to him/her. Another common delusion an individual may have is that law enforcement or the FBI is keeping files on him/her.

Hallucinations are distortions or exaggerations of perception in any of the five senses. Auditory hallucinations, such as hearing voices within that are distinct from ones own thoughts, are the most common followed by visual hallucinations. Hallucinations may also include the senses of smell and touch.

The opposite of positive symptoms are **negative** symptoms. These include emotional flatness, lack of expression, inability to follow or start activities, brief and confused speech patterns, and a lack of pleasure or interest in life.

Disorganized symptoms include confused thinking or speech, and behavior that does not match (i.e., slow movements, repetition of rhythmic gestures, walking in circles, pacing). During these episodes, individuals with schizophrenia cannot make sense of everyday sights, sounds, or feelings.

Many families are unable to cope with problems associated with a family member who develops schizophrenia and does not receive treatment. Without a support system and without the ability to maintain employment, many become homeless. They may have serious economic and relationship problems because of disrupted education, brushes with the law, and an inability to socialize, which is elevated by "self-medication" or substance abuse.

Schizophrenia is an illness that can be managed with medication.

Personality Disorders (Anti-Social Personality)

Personality disorders are diagnosed separate from other forms of mental illness. In the same manner that the term "mental retardation" is used to describe deficiencies in intellectual growth, a

personality disorder could be described as "emotional retardation," as it similarly refers to deficiencies in emotional growth.

There is no medication that will cure a personality disorder. While medication and psychotherapy can be used to stabilize mood, and reduce anxiety and depression, it is not a cure and cannot correct ingrained character difficulties. Psychotherapy can modify unwanted behaviors, however individuals with personality disorders do not generally display the same feelings that "normal" people do and probably never will. Law enforcement recognizes these "psychopathic" intelligent individuals as serial killers, child molesters, rapists, gang members, etc.

A study performed by the Planning and Research Section of the Dallas Police Department in 1972 estimated that 40% of all criminals fall into this category, and this criminal type commits 80 to 90 percent of all crimes. The anti-social personality is reserved for individuals who are basically unsocialized and whose behavior brings them repeatedly into conflict with society.

When you encounter a juvenile who fights in school, is often truant, engages early on and frequently in drug abuse, and has brushes with the law, you can predict, if this behavior continues, that you are dealing with someone whose core personality is that of an anti-social personality. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive and unable to feel guilt or remorse or to learn from experience or punishment.

Borderline Personality Disorder

Borderline Personality Disorder (BPD) may develop as a coping mechanism in children. Children find different methods to deal with abuse, neglect, inconsistent parenting, or abandonment. Individuals with BPD are often more dangerous to themselves than others. Self-damaging themes include gamb-

ling, shopping, binge eating, substance abuse, unsafe sex, self-harm (suicidal behavior or threats), and self-mutilation. BPD is fairly common and individuals are often easily bored, have an inability to express or control anger, impulsivity, instability in mood, have a poor self-image, and trouble with personal relationships.

Relationships are extremely hard for individuals with BPD. There may be a persistent uncertainty about their self-image, long-term goals, friendships, and values. They may have extreme black and white views of people and sometimes alternate between "all good" idealization and "all bad" devaluations. There may be a frantic effort to avoid future abandonment, either real or imagined.

People who suffer from BPD fear the pain of rejection so greatly, they may sometimes "create" or "cause" others to reject them to avoid the stress and pain of waiting for the other person to decide. ("I love you...No, I hate you.") They crave closeness to others but fear disappointment and will sometimes use suicidal gestures to win affections of a loved one. There is a high correlation with domestic disturbances that law enforcement encounters.

Schizoid Personality Disorders

Schizoid Personality Disorders appear in individuals who have an indifference to social relationships. They are loners who choose solitary activities, lack relationships (even with family), lack sexual desire, and have a restricted range of emotional experience and expression. They may appear aloof, self-absorbed, and indifferent to praise or criticism from others.



Schizotypal Personality Disorder

Schizotypal Personality Disorder can be described as a pattern of peculiar ideation, appearance, and behavior. Individuals with this disorder often experience paranoia, odd beliefs, bizarre fantasies or preoccupations, and inappropriate feelings towards others. They may be anxious in social situations, prefer unusual perceptual material, and present off-speech patterns and unusual mannerisms.

Substance Abuse

Mental illness is a product of under or overproduction of chemicals in the brain. However, when people abuse drugs and alcohol, they can create the same circumstances and symptoms caused by other forms of mental illness. For

instance, cocaine, hallucinogens, cannabis, inhalants and PCP can create substance-induced Psychotic Disorders, Substance-Induced Mood Disorders, and Substance-Induced Anxiety Disorders.

It is often difficult to distinguish between biologically-induced and substance-induced symptoms: hallucinations, paranoia, violence, dissociation of body from mind, slurred speech, self awareness, emotions, sensory perception disturbances, panic, fear, blank stare, altered body sensations, tingly feelings on skin, and distortions of vision and hearing. Some may mimic psychosis with delusions of "I am an elephant," or "I can leap this building."

In addition, you will also encounter individuals who have a mental illness and "self-medicate" for a cure. Someone suffering from depression may drink

alcohol. An individual suffering from schizophrenia may use cannabis. Someone who is bipolar may be using methamphetamine. An individual with a personality disorder may use PCP. Any of these types of situations can be extremely volatile and will present great challenges for responding law enforcement officers.

In the next issue of the *CJI Management Quarterly*, we'll explore the proper protocols that law enforcement should follow when responding to individuals in mental distress.

For more information on the law enforcement response to the mentally ill, contact Deborah Flowers, CJI Law Enforcement Management Specialist, at (501) 570-8092.

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