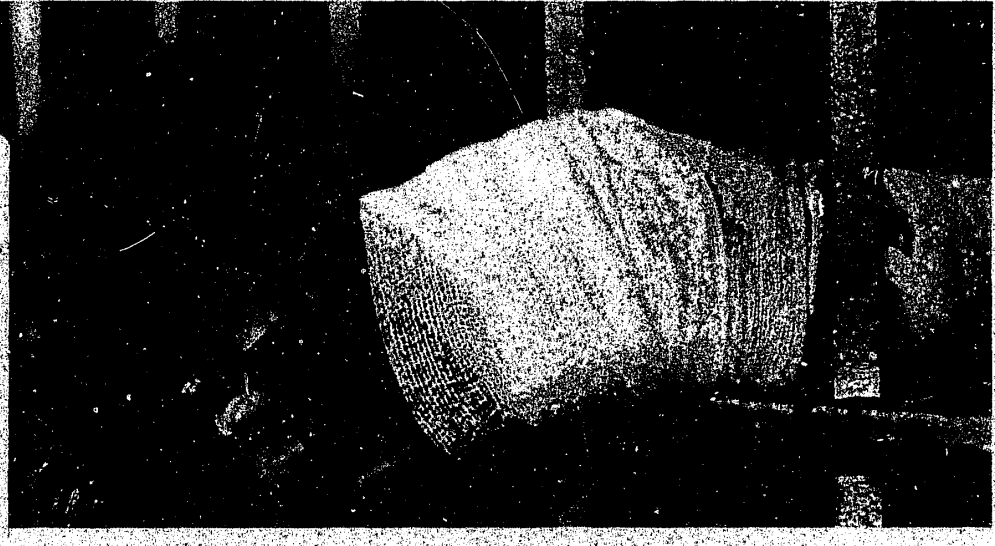
The recognition of jail inmates with mental illness, their special problems and needs for care



Dwight W. Schuster, M.D., Chairman
Indiana Project Advisory Committee
AMA Jail Project

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American Medical Association
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Members of the Police Department have the first opportunity and responsibility to recognize mental illness in arrestees. Many individuals are so obviously disturbed at the time of their apprehension that they are either taken directly to a hospital facility or special arrangements are made in the detention units for their care.

At the time of the booking procedures, the jail personnel have the responsibility to look further in regard to possible mental conditions. As the medical screening questionnaire is completed, specific questions should draw attention to any possibility of mental illness. Again, where the individual is blatantly confused or disoriented, the question of risk of suicide or assault is evident.

Many cases, however, may not be obvious and there may be a question as to whether the individual is under the influence of alcohol or some type of drugs, or whether he or she may have some medical condition which is creating some impairment of the individual's mental state. All inmates need to be checked for indication of having been on some type of medication and questioned as much as possible as to the possibility of some medical condition or some mental condition about which the individual may be able to give more detailed information. Some legitimate medications which have been prescribed for the individual may produce side effects such as causing the patient to feel drowsy, listless, shaky, or restless.

One of the various *medical conditions* which can produce confusion and simulate mental illness is diabetes. The individual may be stuporous due to diabetic coma. He may have alcohol on his breath because some diabetics drink. Sometimes diabetics have too much insulin, which also makes them pass out. They are apt to be sweating profusely and twitching and jerking. These diabetic conditions are distinct emergencies and the person should be taken to the hospital as soon as possible. People who have severe infection often become dazed and delirious. Sometimes people with brain tumors have strange spells.

People with high blood pressure sometimes become irrational and epileptics or those subject to convulsions may wander about for hours in a confused state. Some types of epilepsy may have periods of violence. Older people with hardening of the arteries of the brain frequently have outbursts of anger and intermittent periods of confusion.

Head injuries are another source of symptoms which may suggest a mental illness. Sometimes there is little visible injury at the time of an accident, or when the individual is first seen, but enough damage has been done to start some bleeding under the covering of the brain. If the bleeding continues, a clot forms which may press on the brain. This then can produce confusion progressing to stupor and finally to coma. This is why individuals who have been in accidents or who have received head injuries should be kept under careful observation over a period of several hours. Even though some one who has been injured may have alcohol on his breath, it does not necessarily mean that if he is confused; he is drunk. He may be confused because his brain

has been shaken up and possibly damaged.

Most *mental conditions* are complicated. Almost all aspects of mental illness have been dramatized, although not always accurately, through television, movies, radio, novels, newspapers and magazines. It is important to understand that a single word cannot pinpoint a particular mental condition or its degree of severity. For example, the term "schizophrenia" is used to describe a condition that may involve various combinations of symptoms such as extreme depression or exhiliration, auditory hallucinations in which the individual hears voices or sounds that do not exist, delusions in which the patient experiences situations that seem real but exist only in his or her mind. Other symptoms are often present, such as feelings of persecution, withdrawn behavior in which the patient does not respond to others or to his environment, and visual hallucinations in which the patient sees things that do not exist.

Handling a mentally disturbed person is not easy. Three things must be kept in mind: that you should protect the public, safeguard your own life, and treat the mentally disturbed person as a sick person.

How can you tell when someone is mentally ill? Many sick individuals will show certain signs which you can look for. Many of these signs are not evident on casual observation or inspection; therefore, some mentally ill individuals will go through the screening procedure without anyone detecting their true condition. When the individual is in jail over a period of time these signs may become more evident and lead to more careful evaluation. Because of the varieties of symptoms and signs and the ease with which some of them may be simulated or put on, most personnel in the correctional system are on the alert for those individuals who are faking mental illness to serve their own purposes.

There are and will be individuals who do display some of the signs and symptoms of mental illness and who are not malingering, but their condition is such that it does not require more than continued observation until their case has been settled. Then if they are released they can be advised to seek some type of mental treatment, or if they are transferred to another custodial institution, this observation of potential mental illness should be passed on so that they may then receive some form of definitive treatment.

Some of the *signs* you should look for and be alert to are as follows:

- The individual thinks people are plotting against him.
- He has grand ideas about himself.
- He talks to himself or hears voices. He sees visions, or smells strange odors, or has peculiar tastes.
- He thinks people are watching or talking about him.
- He has bodily ailments that are not possible.
- He is extremely frightened or in a state of panic.
- He behaves in a way which is dangerous to himself or others.
- He is depressed and slowed down.

Often a mentally ill person thinks people are plotting against him. He may imagine that someone is planning to kill him. Often the situation described by the mentally ill person is

foolish. It is wise to be careful when handling people with these ideas as they are sometimes dangerous. They may believe that they are acting out in self-defense because of their persecutory feelings.

Sometimes mental patients may believe that they are God, or someone else famous in history or they may have exaggerated ideas as to their fame, capabilities or wealth.

At times one may suspect that an individual, by his general behavior, is hearing "voices." This may involve talking to himself or it may merely involve his general attitude. Actually the voices which the individual hears are his own thoughts coming back to him, but he does not realize this. Sometimes he may think the voices are coming from a particular person, but often he doesn't know where they are coming from. The voices may be complimentary or they may be derogatory. Besides hearing voices, a mentally ill person may have visions. He may say that he has actually seen God or angels or has had a vision of someone who has been dead for many years. Visions are frequently found in people who have some type of toxic reaction, such as from alcohol, drugs or some chemicals.

A mentally ill person may have hallucinations of taste. He may say that he tastes poison in his food, or he may smell strange odors. For example, he may say that gas is being pumped through the keyhold into his room which signifies to him that his enemies are trying to destroy him. Individuals may say that they feel bugs crawling under their skin. You must remember that the hallucinations are very real to the person who has them. Of course, such individuals need to be checked to be certain that they do not have some type of body lice.

Some individuals who are mentally ill will have fantastic ideas about their bodies and how they work. For example, one may complain that his nose is growing longer or that his heart has stopped, or that his intestines no longer work. In the early stages of these particular mental conditions, the complaints are not so fantastic and so the person affected has symptoms and complaints which might well be caused by some physical illness. Sometimes these individuals become convinced that they have an incurable disease and this may lead them to try to take their own life.

The individual who is terribly afraid is easy to detect although the cause of his fear may be unknown. Such a person may be frozen in terror or be trembling visibly. He may speak haltingly and glance about in fear, jumping at sudden sounds. Precautions must be taken lest such a person take flight or injure himself in an effort to get away from whatever it is that he fears.

For *management* purposes it is important to identify these potentially seriously ill individuals. Following are some suggestions for handling the mentally ill, particularly those who are quite disturbed and potentially violent.

1 Take time to look the situation over and to give the individual some time to quiet down. Often the excited stage will last only a short time if the individual is properly handled and not threatened. Keep reassuring him that he will be well taken care of and that you are there to help him.

2 Do not abuse or threaten the individual. A disturbed person is already badly frightened. He may be threatened by the voices he is hearing. If you further frighten him he may think you are just another person who is against him and wants to punish or kill him. As a result he may turn against you, call you names, and accuse you of being against him. Never threaten a disturbed or violent person. Do not strike him; do not call him names. Never try to bully him. These things do not work. They only make your job harder, longer and more dangerous.

3 Don't let him "get your goat." People who are mentally disturbed are often clever in picking out weaknesses and points of irritability in those around them. If a disturbed person tries this tactic, keep in mind that he is only doing it to overcome his deep sense of inferiority by belittling the other fellow. The less self-confident a person is, the more he has this need. You may not be able to reason with him; but if you remain calm and kind though firm, he may begin to quiet down.

4 Do not deceive. It is sometimes tempting to deceive the disturbed person but this is so harmful to him that it must be avoided at almost any cost. Lying to a disturbed person at the time he is taken into custody or while he is in custody may delay his recovery. Individuals sometimes trick the sick person and tell him he is being taken to a hospital; then when he believes him and finds himself later locked in a cell, he loses more faith.

To sum up these suggestions, remember:

- Stop, Look and Listen.
- Move slowly.
- Be understanding, kind and firm.
- Above all, don't threaten or strike and don't lie.

There are times, of course, when a mentally ill person is so disturbed, so excited, so violent, that he must for his own safety and for the safety of others be restrained. When you see that this is the situation, do not try to handle things alone, unless it is absolutely necessary. Do not be ashamed to call for help. A violently-disturbed person can be really tough.

If reasonable effort has been made to give the individual opportunity to comply with the procedures and he does not comply, then call for a "show of force." With two or more present to assist, a leader should give the plan of action. All must move together. Tell the person firmly that you are there to help him and that you are not going to hurt him. Moving together, circle the patient and grasp him. Never let go of him once you have hold of him and together lift up the patient and carry him to a place where he may be properly restrained.

If the combative individual has a non-lethal weapon, again call for a show of force with one experienced assuming the leadership role. Do not move until all know their roles. A mattress is a good defense in this situation and two carrying

the mattress should move toward the individual with it held up so it can receive the weight of the blow from the weapon. At the same time two other individuals should converge towards the individual and grasp him immediately after he has thrown or struck with the weapon. The individual must be secured the moment after he throws or strikes the mattress.

The individual should be isolated in a cell of his own in restraints. The doctor should be summoned. The individual should not be left in a cell by himself because he may thrash about, strike his head or attempt to destroy himself. All articles that the individual might use to hurt himself should be removed and if possible someone should be with him until he has had medical attention.

It is important that plans already be prepared to handle such situations as the above. There should be written instructions which all jail personnel are familiar with in order that emergency situations can be promptly handled. Previous arrangements for medical attention for such emergencies are a must. Likewise plans for removing disturbed individuals who are truly mentally ill to a hospital which is adequate for taking care of mentally disturbed patients should be made.

Sometimes it is necessary to deal with individuals who are *depressed*. That is, they are very "blue," may weep a great deal or remain silent for long periods. The big danger here is in suicide. People who are depressed often feel unworthy. They may feel guilty about something and think they should be punished. They believe the future holds nothing for them, that they are failures. They think they can never again expect success, their outlook is hopeless, so there is nothing for them to do but die. Sometimes those bent on self-destruction will defy all efforts to help them. Since the "will to live" is seldom completely absent in an individual, you must try to stimulate this desire.

Often individuals who attempt *suicide* give warning in advance. They tell somebody they are going to do it, sometimes they say so openly, sometimes they give a hint. Suicide is not related to the amount of education or wealth a person has. There is an increase in suicidal risk as people get older. Depressed people may seem to think clearly except for thoughts related to their mood of sadness and unhappiness.

A person who seriously attempts to commit suicide cannot always be prevented from doing it. He may succeed in doing so in a jail cell or even in the best-conducted mental hospital; however, if every effort is made to recognize the danger, numerous useful lives will be saved.

There are special mental conditions which may be encountered. One of these is *mental retardation*. There are many degrees of mental retardation ranging from the person who is only just below average to one who cannot use words and can learn nothing. One way to estimate the intelligence is to find out how far he went in school. If he went as far as the eighth grade he may be only somewhat below average, but if he quit school at sixteen and was still in the fourth grade, he probably is more seriously retarded. This measure is not always reliable.

There are some easy ways to gain a rough measure of intelligence. For example, one having the intelligence of a five-year-old can print his first name and can count four pennies. Usually one with intelligence of a seven-year-old can tell time by the clock without missing the correct time by more than fifteen minutes. One with the inteligence of an eight-year-old can usually name the days of the week. Often a mentally retarded adult will not talk, particularly if he is asked a lot of questions one right after the other. His difficulty is that he may not have anything to say or he may be unable to use words. In addition when frightened, these individuals are often unable to say easily what they would like to say. If the officer will give the retarded person a little time and show him kindness and understanding, he sometimes will be able to answer.

Another group of special mental conditions involves the *elderly*. Those suffering from hardening of the arteries affecting the brain may behave strangely at times because they have lost their ability to use good judgment or to control their actions. Their particular behavior or patterns of mental illness usually reflects personality patterns of earlier years and so some individuals who have been suspicious will become increasingly paranoid or have feelings of persecution. Older persons frequently become forgetful, particularly about recent events. The beginning of care of such persons should be in medical hands.

Another group is that of the *alcoholic*. The methods of dealing with intoxicated persons are the same as those described above for the acutely mentally ill. If you remember that the alcoholic is mentally and physically sick, your treatment of him will be more humane and you may be able to help. One serious alcohol problem is that of the "DT's" (delirium tremens). This occurs usualy in an individual who has overused alcohol for some time and who, also has had poor nutrition. It is particularly serious and needs to be looked for in jails because it commonly comes on from three to seven or eight days after an individual has stopped drinking. With this condition the individual becomes delirious, confused as to time and his whereabouts and imagines he is seeing terrifying things. He may think he hears things as well, and in addition, has severe tremors and shakes all over. Delirium tremens is an acute medical condition and the individual should be taken to the hospital at once. The individual needs to be closely watched and oftentimes may need restraints. Deaths do occur from this condition.

More and more frequently persons involved in the use of drugs are seen in jail. Frequently addicts conceal the fact that they are addicts and become more and more untruthful and untrustworthy. They will use many devices to escape the suffering that comes from stopping the use of the drug. Drugs produce different symptoms and the clinical picture may be confused because of the use of several drugs simultaneously, often along with alcohol. Hallucinogenic drugs such as LSD produce hallucinations similar to those that the severely disturbed mental patient will have and it may be difficult to differentiate them until time has led to the elimination of the drug from the individual's body. Skin in-

fections, abscesses, and hepatitis are fairly common among heroin addicts who "mainline" the drug. shooting it into a vein somewhere over their body.

The use of marihuana is extensive and like alcohol it lowers self-control. Rarely are there acute symptoms which require medical attention. There are no withdrawal symptoms with it and it does not leave a hangover. Preliminary screening should reveal the individual who is addicted to hard narcotics such as heroin and these individuals should be watched for withdrawal symptoms. Frequently there are symptoms such as vomiting and profuse sweating. Death is even a potential in sudden withdrawal when the habit has been severe.

In summary then, the recognition of psychiatric disorders should begin with an initial screening at the time of booking. This screening should be part of the overall medical screening and include questions directed toward previous psychiatric care, psychiatric hospitalizations, use of "nerve" medicines and the present emotional state of the inmate. In-service training of all jail personnel should be required and should include topics such as the recognition of mental disorders, suicide and disturbed behavior, alcoholism, substance abuse, withdrawal symptoms, drug overdose and emergency management of the mentally ill.

For those inmates who remain in the jail longer than a week and who do have then a full medical examination, attention to the mental status should be emphasized, particularly regarding their mood, orientation, state of consciousness, appropriateness of responses and thought content. Operational procedures should be formalized to insure proper management of the inmate. This should include written protocols for inmates placed on suicidal precautions and/or psychiatric observation.

Where jail facilities cannot provide emergency care because of size or limited resources and facilities, the patient should be transported to an appropriate facility. Such arrangements should be part of the standard operating procedure of the jail. While awaiting transfer to another institution, there should be adequate observation by trained staff to protect the patient from injury, either self-inflicted or by others, and to monitor the effects of medication which may have been given. For those less than emergency situations, whenever possible, the management of temporary periods of emotional discomfort and distress brought on by situational stress such as fear of assault by homosexuals should be managed through the use of supportive interviews by understanding personnel rather than the use of some type of chemotherapeutic agents. The use of sedatives or tranquilizing medications in order to keep the jail population quiet is regarded as poor medical treatment.

Following are further suggestions for *managing* those individuals who have been identified as potentially mentally ill:

1 Inmate may remain in general population and need not be admitted to hospital or placed in an observation room unless it is determined that he is a danger to himself or others or in need of special protection.

2 The designated inmate should be considered to be unpredictable and as such should not be placed in a position of risk. Examples are:
   a) An assignment which would place him in a high position from which he might jump, i.e., ladders, third or fourth cellblock tiers.
   b) Kitchen jobs with access to knives.
3 Visual checks should be made and recorded regularly to insure presence and well being of the inmate.
4 The inmate's special status should be reviewed by the shift commander and his staff at the beginning of their tour of duty.
5 Each shift shall make an entry into the jail record as to the inmate's general behavior, personal grooming, appetite, relations with staff and other prisoners as well as any unusual or bizarre behavior.
6 Any observation which suggests a sudden change in behavior or that may be harmful to himself or others should be immediately reported to the shift commander who may then order increased precautions until the medical staff can be notified and evaluate the inmate.

Specifications for Psychiatric/Suicidal Observation Room

1 Should be located as near as possible to control or nursing station to allow for good visual and audio monitoring.
2 Should be of a size meeting minimum jail cell requirements.
3 Should have a secured solid slab bed, no springs, slats, ropes, etc.
4 Should have a fireproof, heavy duty mattress.
5 Should have no glass fixtures, mirrors, etc. – window glass to be of a security type.
6 Should have tamper-proof electrical fixtures with controls on outside of cell.
7 Should have low-intensity night light.
8 Should have no electrical outlets.
9 Should be devoid of structures which would provide an opportunity for hanging, i.e., overhead pipes, cell bars, light fixtures, etc.
10 Door should preferably be solid but with adequate glassed-in port hole for observation.
11 Security screening should be provided on insides of windows.

Suicidal Precautions

1 Inmates should be immediately placed in room designated for suicidal inmates.
2 Any items with which an inmate could hang himself should be removed, i.e., belts, shoe laces, electrical cords, etc.
3 Matches and flammable materials should be removed; patient may smoke out of the room under supervision.

4 All sharp objects are to be removed, i.e., pens, pencils, knives, scissors, nail files, forks, as well as any glass items such as mirrors, glasses, jars, etc. Locked razor to be issued for shaving and returned immediately.

5 Inmate should be visually checked and the results recorded every 30 minutes.

6 If proper housing, as outlined above, is not available, the potentially suicidal inmate should not be isolated in an ordinary cell. He should be housed with one or two other inmates who can help keep him alive.

END