Myths Concerning our Mentally Ill Citizens

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MYTH # 1

- We used to put the mentally ill in asylums far away from us so they don’t annoy us.
- Now we put them in asylums with different names. We call the new asylums “JAILS” and “Prisons.”

- In 2006, 1,737 children were incarcerated in Arizona’s juvenile justice system. Nationally, approximately 70 percent of youth in juvenile justice systems experience mental health disorders, with 20 percent experiencing a severe mental health condition.
- In 2008, approximately 8,900 adults with mental illnesses were incarcerated in prisons in Arizona.
- An estimated 31 percent of female and 14 percent of male jail inmates (nationally) live with serious mental illness.¹

¹ National Alliance on Mental Illness 2010 statistics
MYTH # 2

“"If they would just take their medications they would have no problems.”

If the individual responds well to the medications, the meds will likely control about 65% of the symptoms.

These tormenting symptoms will increase with stress and anxiety.
Just FYI

Those who do not respond well to our treatment methods we call:

- “Treatment Resistant”
- “Unmotivated”
- “Noncompliant”
- “Antisocial”

As mental health providers we should be tailoring our treatment to the individual or finding more effective interventions.
Common Side Effects

- **Antipsychotic Medications**
  - Drowsiness
  - Dizziness when changing positions
  - Blurred vision
  - Rapid heartbeat
  - Sensitivity to the sun
  - Skin rashes
  - Menstrual problems for women.
  - Rigidity
  - Persistent muscle spasms
  - Tremors
  - Liver damage
  - Widening of the sulci in the brain
  - Agranulocytosis (can lead to death)
Common Side Effects

- **Antidepressant Medications**
  - nausea
  - increased appetite and weight gain
  - loss of sexual desire and other sexual problems, such as erectile dysfunction and decreased orgasm
  - fatigue and drowsiness
  - insomnia
  - dry mouth
  - blurred vision
  - constipation
  - dizziness
  - agitation
  - irritability
  - anxiety
Common Side Effects

- **Anxiolytic Medications**
  - addiction or withdrawal symptoms
  - cognitive impairment
  - sleep (caution for driving)
  - amnesia
  - hallucinations and delusional thinking
  - sleep-walking
  - abnormal behavior
  - suicide risk or attempts
  - violence and hostility
  - agitation
  - birth defects
MYTH # 3

- It’s easy for an individual with a SMI to get financial support in the community.

- Most people who go through the process of applying for Social Security or SSI disability will be denied the first time. The chances of getting approved for benefits go up for those who are able to appeal. More specifically, getting a case at a hearing, in front of an administrative law judge (ALJ), is where a claimant will have their best opportunity at winning disability benefits.

- Over 2 million disability applications occur each year.
  - 31% of those who apply receive a technical denial
  - Of the 69% that are processed – 62.1% are denied
  - Only 48% of those who are denied will appeal
  - Of those 48% who appeal, 90.3% will be denied
  - Of the 90.3% who were denied the first time, if they continue the appeals process, 81.4% of them will be successful and awarded benefits.
MYTH # 4

- It’s easy for an individual with a SMI to get services in the community.
- Mental Health America ranked Arizona 46th when it comes to mental health care access.
- CEO of Mental Health America, Paul Gionfriddo said that Arizona takes a lackluster approach to the issue. He was quoted as saying:

  "They traditionally wait until there's a crisis, where people are a danger to themselves or others (before getting them help)."
MYTH # 5

“"If they (SMI’s) would stop using recreational drugs they would be much better off."

- I just discussed the difficulties it is for people with SMI to obtain services.
- Studies estimate the comorbidity of substance abuse disorders and serious mental illness to be as high as 95%.
- Some of the street drugs work as effectively (if not more effectively) than the psychiatric medications.
- Street drugs are much more accessible than mental health services, especially if you are homeless.
MYTH # 6

- Mental Illness is a “disease” with a genetic foundation.
- Our best “high risk” study of the concordance rate of monozygotic twins, reared apart from birth, indicates only 35% of the variance is predicted by genes.
- That means that 65% is environmental!
- The most significant data we have to highlight this are the cultural differences in prognosis. If you are going to be schizophrenic you want to live in India are Ceylon. Full remission has been noted in these countries even without western medication.
- There are also cultural differences in the prevalence of personality disorders and other serious mental disorders.
- Recent epigenetic studies are suggesting that even or genotype (genetic endowment) can be altered through environmental experiences.
Food for thought….

- Perhaps we need to work on the “myths” in order to keep the number of individuals with a SMI from revolving from one system to another.
- The correctional system is not equipped, nor is it designed to treat the mentally ill.
- If we are going to have the greatest impact perhaps we need to start with the myths surrounding mental illness so that some of the other systems will shift.
- We are dealing with much larger social and systemic problems that we might need to look at. These problems affect a number of disadvantaged populations (SMI, aging, poor, physical disabilities, cognitive disabilities, etc.).
SMI and Corrections/Jails

- The most recent statistics I can find in terms of percentages of SMI in correctional facilities are as follows:
  - SMI jail detainees is higher for men by more than three times compared to the general population.
  - SMI jail detainees is almost twice as high for women.
  - Regardless of gender, nearly 3 out of every 4 detainees with a SMI have a co-occurring substance use disorder.
  - The number of people under correctional supervision in the US (probation/parole) is estimated to be 7.3 million (2009). From a meta-analysis study of the prevalence rate of SMI in that population, 14% of those offenders suffer from a major mental illness.
  - As such, OVER ONE MILLION INDIVIDUALS WITH MENTAL ILLNESS IN THE UNITED STATES ARE IN JAIL, IN PRISON, ON PROBATION OR ON PAROLE.
Estimates are about 14% for SMI men involved in the Justice System (nationally).

Estimates are about 31% for SMI women involved in the Justice System.

70% of these folks have co-occurring substance abuse diagnoses.

Individuals with SMI are two times more likely to fail in community supervision.

Failure in community supervision is more likely to be related to “technical violations” which suggests the possibility of stigma.

Individuals with SMI in the Justice System tend to have the following:

- Higher (than non-SMI) General Risk Factors
- Higher (than non-SMI) Antisocial Risk Factors (criminogenic factors)
- More Antisocial Peers
- Successful SMI’s on community supervision were found to have had Probation Officers that were: Firm, Fair and Caring.

Skeem, Manchak & Peterson, 2011
What does all this mean?

1) Are individuals with SMI more antisocial or are they developing antisocial traits to survive?

2) Is this a community service issue or the way we are approaching the problem?

3) Is the money spent in the correctional system to house and protect these individuals well-spent?

4) Is the answer to reopen and enlarge state hospitals?
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Competency/Restoration
Arizona has very strict guidelines for the insanity test.

1) Presence of a mental illness, defect or disability

2) Present at the moment the offence was committed of such severity as to render the individual incapable of understanding the wrongfulness of his/her actions.

Excludes:

1) Effects of drugs/alcohol (voluntary)

2) Passion, anger, temporary states, sexual or impulsive acts.

VERY STRICT – BASED UPON DISTURBANCE OF THOUGHT TO DEGREE CAN’T APPRECIATE MORAL WRONGFULNESS