

Psychological Emergencies, Suicide Prevention, Referral of Incarcerated Persons to Medical/Dental, Health Services

First Aid/CPR/AED Refresher Module 2

DETENTION
TRAINING UNIT



WHAT IS SCHIZOPHRENIA?

Schizophrenia is a serious chronic psychiatric illness. **There is no single symptom** that defines schizophrenia. Usually patients have:

- ☒ **Delusions**
fixed false beliefs not amenable to reasoning and not culturally explained
- ☒ **Hallucinations**
perceptual disturbances like voices, disorganized thinking and speech
- ☒ **Disorganized thinking and speech**
incoherence and confused thinking
- ☒ **Disorganized behavior**
including catatonia
- ☒ **Negative symptoms**
loss of motivation, emotion and interest in activities

There is marked impairment in:

- ☒ **Self-care**
- ☒ **Work**
- ☒ **And relationships**



WHAT CAUSES SCHIZOPHRENIA?



Schizophrenia runs in
FAMILIES.

If you have a first degree
relative with schizophrenia
your risk of developing
the illness is

10 TIMES

greater.

Patients with schizophrenia
have rare genetic mutations
but no single gene has
been implicated.



50%

Risk of schizophrenia in
IDENTICAL TWINS.



ENVIRONMENTAL FACTORS
implicated include

- ☒ Exposure to malnutrition or certain viruses (influenza, rubella or respiratory) prior to birth
- ☒ Obstetric complications or hypoxia during birth
- ☒ Social adversity
- ☒ Traumatic brain injury in those at genetic risk
- ☒ Excessive cannabis use





INITIAL TREATMENT:

Most patients will benefit from a combination of medications and psychosocial treatments. Atypical antipsychotics (so called because they are less likely to cause Parkinsonian side effects compared to the older or conventional antipsychotics) are the treatments of choice.

LONG TERM TREATMENT

Most patients will need maintenance antipsychotics and adjunctive psychosocial therapies. Often the dose of the antipsychotic can be reduced during the maintenance phase.





WHAT IS

PTSD?



POST-TRAUMATIC STRESS DISORDER IS A TYPE OF ANXIETY
DISORDER DEVELOPED BY EXPOSURE TO EXTREME
PSYCHOLOGICAL SITUATIONS.

**IT HAS ALSO
BEEN KNOWN AS:**

RAILWAY
SPINE

STRESS
SYNDROME

SHELL
SHOCK

BATTLE
FATIGUE

TRAUMATIC
WAR
NEUROSIS



WHAT CAUSES PTSD?

TOP 4 REASONS MEN AND WOMEN SUFFER PTSD:

- 1 Rape
- 2 Combat exposure
- 3 Childhood neglect
- 4 Childhood physical abuse



- 1 Rape
- 2 Sexual molestation
- 3 Physical attack
- 4 Being threatened with a weapon



CAUSES THAT LEAD TO PTSD:



ASSAULT



DOMESTIC ABUSE OR INTIMATE PARTNER VIOLENCE



PRISON STAY



RAPE



TERRORISM



WAR



HOW IS PTSD TREATED?



There is no specific medication for PTSD but psychotropic drugs have been shown to reduce symptoms.



Counseling and psychotherapy often provided by a social worker are the most common treatments.



depression



I stopped
talking about
how I felt
because I knew
no one cared
anyway.





Average onset age
of **depression** **32**

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COMMON DEPRESSION SYMPTOMS



Withdrawing from
friends/family



Feeling hopeless



Appetite changes



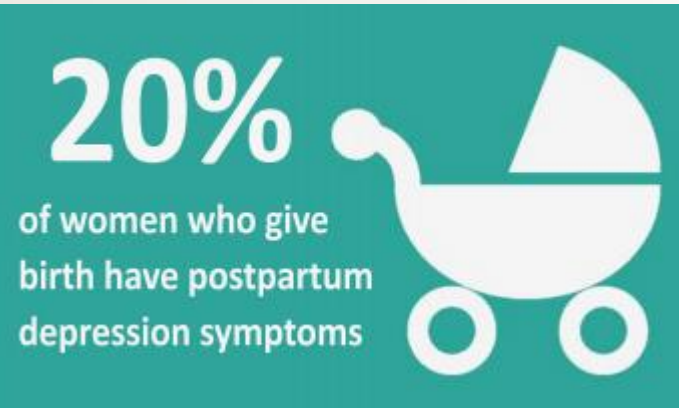
Lack of ambition



Thoughts of suicide



Moodiness/irritability



Seasonal Affective Disorder (SAD)
is a type of depression that's
related to changes in seasons

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DEPRESSION TREATMENT



MEDICATION



PSYCHOTHERAPY



COMMUNICATION



EXERCISE



HEALTHY FOOD



VITAMINS



SCHEDULE



RELAXATION



TRAVEL



MUSIC



POSITIVE THINKING



SLEEP ENOUGH



BIPOLAR DISORDER: THE UPS & DOWNS

WHAT ARE THE CAUSES OF BIPOLAR DISORDER?



BRAIN CHEMICALS

NORADRENALINE HAS BEEN LINKED TO DEPRESSION AND BPD.

ABNORMAL FUNCTIONING OF BRAIN CIRCUITS INVOLVING **SEROTONIN** CONTRIBUTE TO MOOD DISORDERS SUCH AS BPD.

DOPAMINE IS LINKED TO THE PLEASURE SYSTEM OF THE BRAIN AND MAY CONTRIBUTE TO BPD.



GENETICS

STUDIES HAVE SHOWN THAT BPD CAN **RUN IN FAMILIES**.

THE CHANCE OF AN IDENTICAL TWIN (OF A BIPOLAR TWIN) TO ALSO DEVELOP BIPOLAR DISORDER IS ABOUT **40% TO 70%**.

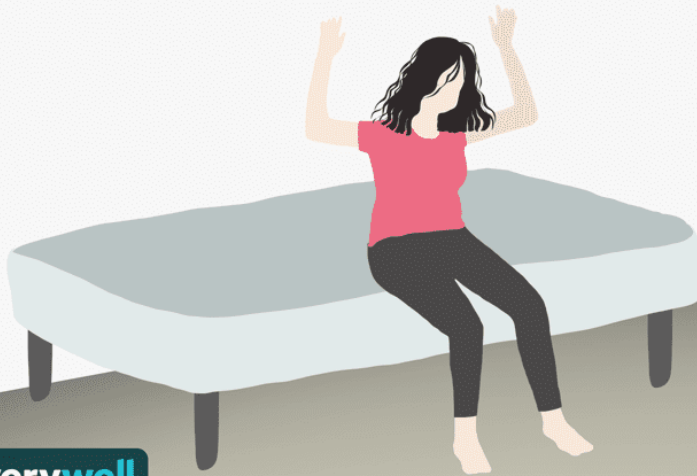
CHILDREN WITH ONE BIOLOGICAL PARENT HAVE AN INCREASED LIKELIHOOD OF DEVELOPING BPD.



Bipolar Disorder Symptoms

Mania

- talking excessively
- racing thoughts
- hostility
- less sleep
- delusions



Depression

- extreme fatigue
- prolonged sadness
- memory loss
- poor nutrition



verywell



HOW CAN BIPOLAR DISORDER BE TREATED?



LITHIUM

MEDICATIONS

MEDICATIONS CALLED "MOOD STABILIZERS" ARE COMMONLY PRESCRIBED TO HELP CONTROL BIPOLAR DISORDER.

LITHIUM WAS THE FIRST MOOD STABILIZER TO BE APPROVED BY THE FDA IN THE 1970S. IT IS STILL BEING PRESCRIBED TODAY, BUT IS LESS COMMON.

ATYPICAL ANTIPSYCHOTICS AND ANTI-DEPRESSANTS MAY ALSO BE PRESCRIBED.

PSYCHOTHERAPY AND MEDICATION

RESEARCHERS HAVE FOUND THAT **THE MOST SUCCESSFUL METHOD OF COPING WITH BPD IS THE COMBINATION OF MEDICATION AND PSYCHOTHERAPY.**

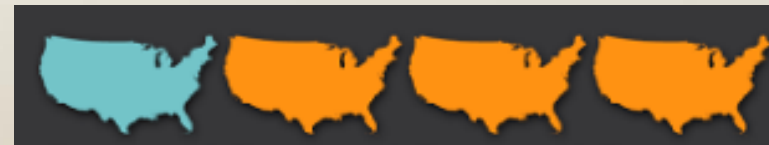
OTHER TREATMENTS

ELECTROCONVULSIVE THERAPY

SLEEP MEDICATIONS

HERBAL SUPPLEMENTS

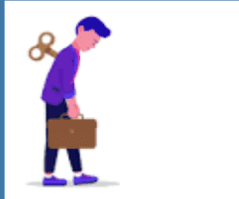
HAVING A SUPPORT SYSTEM OF FAMILY AND FRIENDS HAS PROVEN TO SIGNIFICANTLY HELP PEOPLE DEALING WITH BIPOLAR DISORDER.



THE FOUR TYPES OF BORDERLINE PERSONALITY DISORDER

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1. DISCOURAGED



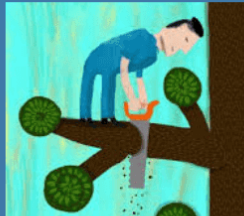
THEY ASSUME THAT PEOPLE DO NOT WANT TO BE WITH THEM. THEY OFTEN GET HIGHLY DEPENDENT ON OTHERS AND LOOK OUT FOR SELF-WORTH IN A RELATIONSHIP.

2. IMPULSIVE



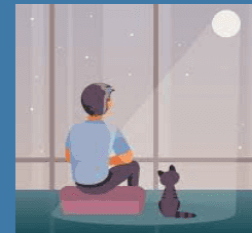
THE PERSON WHO HAS IMPULSIVE BORDERLINE PERSONALITY DISORDER SEEMS TO CONFLICT ALL THE TIME. THEY START TO HAVE PROBLEMS WITH THE WHOLE WORLD.

3. SELF-DESTRUCTIVE



THESE PEOPLE SUFFER FROM DEPRESSION. A PERSON HAVING SELF-DESTRUCTIVE BORDERLINE PERSONALITY DISORDER IS AT HIGH RISK OF SUICIDE DUE TO UNSTABLE EMOTIONS.

4. PETULANT



SUCH PERSONS LIVE WITH THE FEAR OF ABANDONMENT. THEY TAKE OUT ANGER ON FRIENDS OR FAMILY OR CLOSED ONES.



Borderline Personality Disorder (BPD)



Suspicious



Inappropriate Anger



Suicidal Threats



Fear of Abandonment



Impulsive



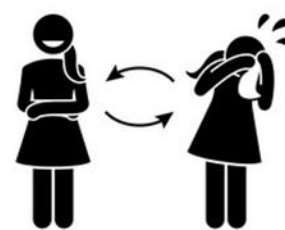
Self-Injury



Risky Behavior



Distorted Self-image



Mood Swings



Unstable Relationships



SD Behavioral Health Services

Adult Emergency and Crisis Services:

- *San Diego County Psychiatric Hospital (EPU)*
- *Psychiatric Emergency Response Team (PERT)*
- *Walk-In Crisis Clinics: Crisis Line (888) 724-7240*
 - ✓ *North Central (2 Clinics)*
 - ✓ *North Coastal (3 Clinics)*
 - ✓ *North Inland (3 Clinics)*
 - ✓ *Central (4 Clinics)*
 - ✓ *East (2 Clinics)*
 - ✓ *South (2 Clinics)*

San Diego County Behavioral Health Services - AOASC



Suicide Prevention



Inside the Facility:

- *Detention Safety Program*
- *Enhanced Observation Housing*
- *Safety Cells*
- *Incarcerated Person access to counselors, chaplains, and mental health professionals.*
- *Continuous mental health and suicide prevention training by staff.*

Outside of the Facility:

- *Transport to EMS or EPU – 5150 hold*
- *Harm to self, others, or gravely disabled*

