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Columbia University Department of Psychiatry

Criminal Justice Involvement Among Persons with First-Episode Psychosis

Opportunities for Collaboration and Reshaping the Ethic of Care

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Minnesota Mental Health Court Conference

Overview

- Defining the Problem
- First Episode Psychosis & Criminal Justice System Involvement
- Coordinated Specialty Care
- Interventions along the Sequential Intercept Model
- Strategies for Collaboration
- Zooming out
- Q & A

Collaborators/Support

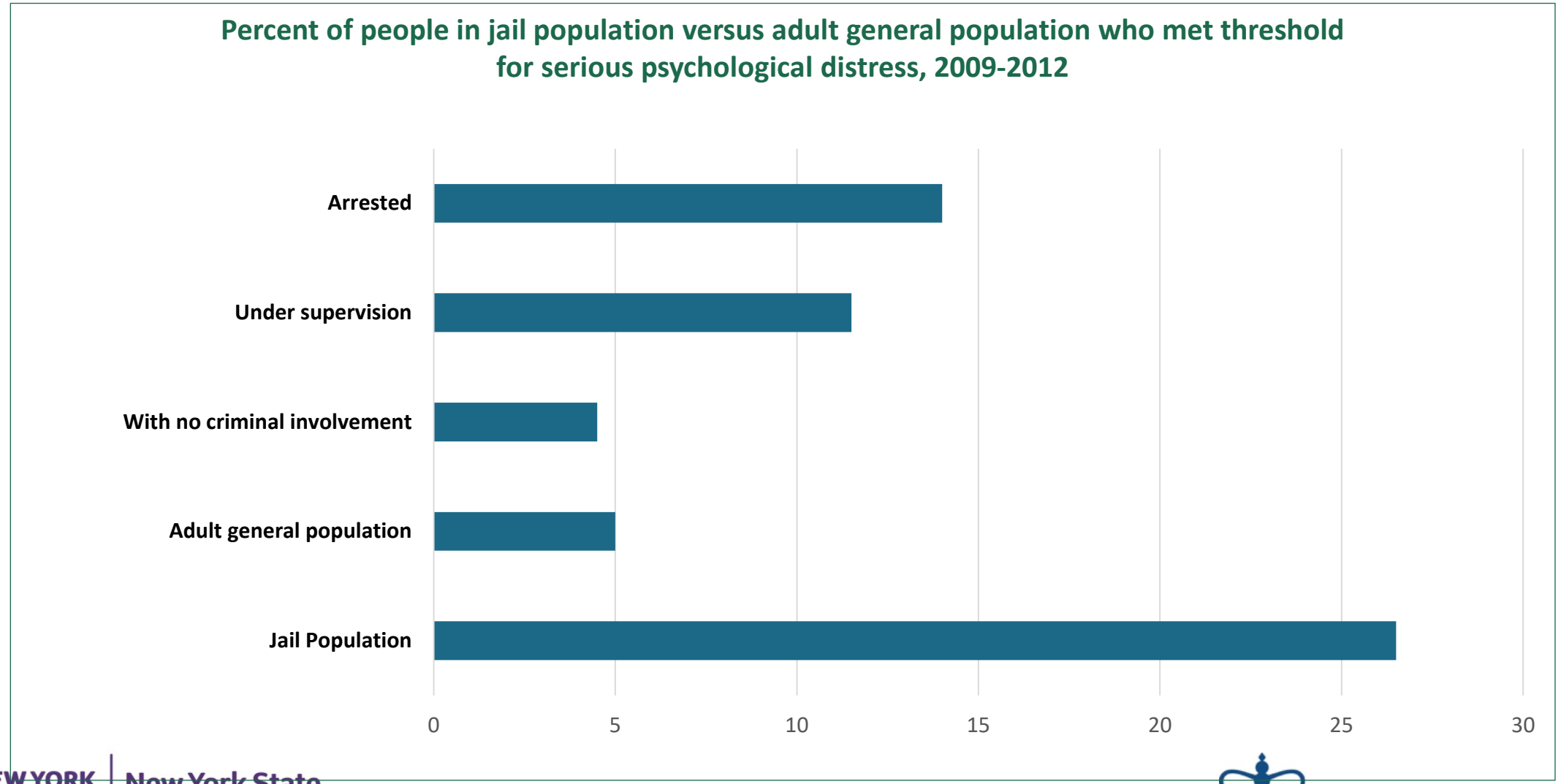
- Michael Compton, Lisa Dixon, Iruma Bello, Jason Tan de Bibiana, Adria Zern, Amy Watson, Nev Jones, Beth Broussard, Jessica Pollard, Elizabeth Ford
- Funding: NIMH R34 MH117766; van Ameringen Foundation

Mental Health Indicators and Criminal Justice Involvement

Mental Health Indicator	Prison	Jail
No indication of mental health problem	**49.9%**	**36.0%**
Current indicator of mental health problem		
Serious psychological distress	**14.5%**	**26.4%**
History of a mental health problem		
Ever told by mental health professional they had mental disorder	**36.9%**	**44.3%**
Major Depressive Disorder	**24.2**	**30.6**
Bipolar Disorder	**17.5**	**24.9**
Schizophrenia/other psychotic disorder	**8.7**	**11.7**
Post-traumatic stress disorder	**12.5**	**15.9**
Anxiety Disorder	**11.7**	**18.4**
Personality Disorder	**13.0**	**13.5**

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–2012

Mental Health Indicators and Criminal Justice Involvement



Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH), 2009–2012.

Major Mental Illness as a Risk Factor for Incarceration

Association between characteristics of persons with a misdemeanor arrest in New York State and receipt of a jail sentence (N=353,344)

Characteristic	Model 1		
	OR	95% CI	p
Violent crime (reference: nonviolent)	.57	.56–.59	.001
Region (reference: upstate)			
New York City	1.10	1.08–1.13	.001
Metro New York	1.39	1.35–1.44	.001
Class A misdemeanor (reference: class B misdemeanor)	1.30	1.27–1.33	.001
Major mental illness diagnosis in the 12 months prior to the arrest (reference: no major mental illness diagnosis)	1.52	1.47–1.57	.001
Male gender (reference: female)	1.32	1.28–1.35	.001
Nonwhite (reference: non-Hispanic white)	1.17	1.15–1.20	.001
Age at arrest	1.00	1.00–1.00	.001
N of prior arrests	1.05	1.05–1.05	.001
N of prior adult felony convictions	1.16	1.15–1.17	.001
N of prior youthful offender felony convictions	1.19	1.16–1.22	.001
N of prior violent felony offense convictions	1.09	1.06–1.11	.001
N of prior firearm convictions	1.01	.97–1.05	.78
Major mental illness diagnosis × age			
Constant	.08		

See: Hall et al. (2019). Major Mental Illness as a Risk Factor for Incarceration, *Psychiatric Services* 70:1088-1093.

Major Mental Illness as a Risk Factor for Incarceration

Association between characteristics of persons with a felony arrest in New York State and receipt of a prison sentence (N=175,692)

Characteristic	Model 1 OR	Model 1 95% CI	Model 1 p
Violent felony offense arrest (reference: not a violent felony offense)	1.28	1.22–1.34	.001
Violent crime (reference: nonviolent)	1.68	1.61–1.77	.001
Region (reference: upstate)			
New York City	.35	.34–.37	.001
Metro New York	.58	.55–.61	.001
Arrest class (1–6, class E to A-I)	2.15	2.12–2.18	.001
Firearm arrest (reference: nonfirearm)	1.92	1.83–2.03	.001
Major mental illness diagnosis in the 12 months prior to the arrest (reference: no major mental illness diagnosis)	1.06	.98–1.14	.154
Male gender (reference: female)	2.01	1.90–2.12	.001
Nonwhite (reference: non-Hispanic white)	.94	.90–.98	.002
Age at arrest	.99	.99–.99	.001
N of prior arrests	1.00	.99–1.00	.003
N of prior adult felony convictions	1.44	1.41–1.46	.001
N of prior youthful offender felony convictions	1.27	1.21–1.32	.001
N of prior violent felony offense convictions	1.18	1.14–1.22	.001
N of prior firearm convictions	.90	.85–.95	.001
Major mental illness × age			
Major mental illness × nonwhite			
Major mental illness × violent offense			
Constant	.00		

See: Hall et al. (2019). Major Mental Illness as a Risk Factor for Incarceration, *Psychiatric Services* 70:1088-1093.

Psychotic Illnesses and the Criminal Justice System

- 3-7% of men and 4% of women in correctional settings are diagnosed with a psychotic illness.

- Estimated lifetime prevalence in the community is 1-2%.

	Percent of People Incarcerated in…		
Psychotic Disorder Symptoms	State prison	Federal prison	Local jail
0	84.6	89.8	76.0
1	11.1	7.8	16.8
2	4.2	2.4	7.2

James and Glaze 2006

What is psychosis?

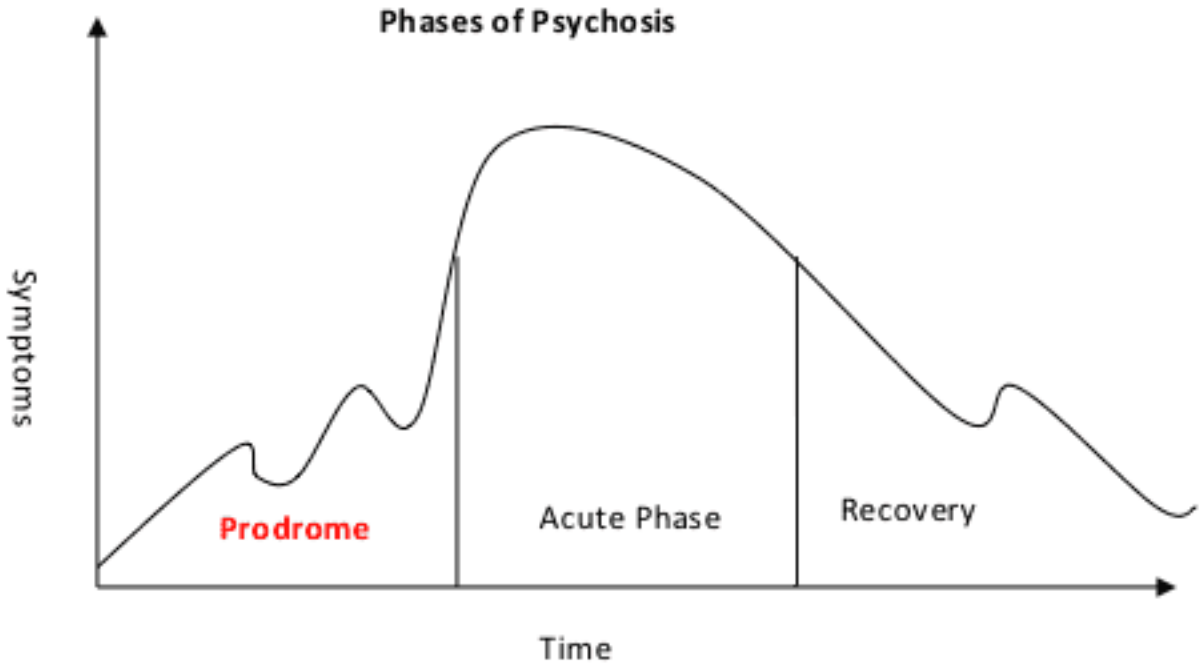
- Category of brain-based disorders influenced by environment and experiences
- At least one of these symptoms:
  - Difficulty with reality, coherent thinking, and insight
  - Delusions: false beliefs that are persistent, odd/bizarre, not accepted by person's culture
  - Hallucinations: false perceptions, seeing, hearing, feeling, smelling, or tasting things are that not there
- Can occur in presence of:
  - Affective disorders (e.g., depression)
  - Non-affective psychotic disorders (e.g., schizophrenia)
  - As a consequence of substance use disorders

What is psychosis? (continued)

- Relatively common: 1-3 out of every 100 people during lifetime
- Onset of symptoms typically between ages of 15 and 25
- Can be costly, disabling, even shorten life span

Three Phases of a Psychotic Episode

The typical course of a psychotic episode can be thought of as having three phases: Prodrome Phase, Acute Phase, and Recovery Phase.



https://www.earlypsychosis.ca/phases-of-psychosis/

What does psychosis look like?

- Change in sleep pattern
- Appetite disruption
- Social isolation
- Increased irritability
- Rapid mood swings
- Less emotional expression
- Appearing to respond to things that are not there
- Preoccupied, not paying attention to what is happening around them
- Poor concentration
- Jumbled thoughts and speech
- Overly abstract or rigid thinking
- Focused on beliefs that do not make sense or are irrational
- Decline in hygiene
- Decreased energy

These experiences may affect your life

Why Focus on First-Episode Psychosis & Criminal Justice?

- May be more people with FEP in justice system than in the community.
- Higher risk of criminal justice (CJ) interaction during FEP.
- Symptoms can lead to CJ contact.
- Higher rate of violence during FEP than at other phases of illness.
- For a significant number of young people with FEP, CJ contact is also their first treatment contact
- CJ involvement lengthens Duration of Untreated Psychosis (DUP).
  - DUP is one of the strongest predictors of outcomes – the shorter, the better.

Criminal Justice Contact Among Patients with FEP

Prior to 1st hospitalization:

- History of offending behavior
  - 29% (Merion-Veyron, et al. 2015)
- History of arrest
  - 70% (Ramsay Wan, et al. 2014)
- History of incarceration
  - 14% - 59% (Prince, et al. 2007; Ramsay Wan, et al. 2014)

Criminal Justice Settings as Possible Sites for Early Detection of Psychotic Disorders and Reducing Treatment Delay

Claire Ramsay Wan, M.P.H.
Beth Broussard, M.P.H.
Patrick Haggard, M.D.
Michael T. Compton, M.D., M.P.H.

Objective: Interventions to reduce the duration of untreated psychosis should target institutions and key figures that may interact with individuals who have emerging or untreated psychosis. These individuals norms and attitudes of a setting, but early-detection teams must also target the institutions and key figures that

191 Patients Hospitalized for FEP	
History of arrest	70%
Incarcerated before index hospitalization	59%
Subsample of those with incarceration during DUP	
-- Median days detained	30.5
-- Detained for nonviolent crime	76%
-- Help seeking contact after onset of symptoms	33%
-- Median treatment delay compared to those with no incarceration	130.5 v. 12.0 weeks

How might FEP lead to justice involvement?

Emergency help seeking (e.g., calling 911) or behaviors considered criminal may lead to interaction with police and possible charges.

Clinical reasons for justice involvement among clients with FEP

- Bizarre behavior, responding loudly to internal stimuli (e.g., breach of/disturbing the peace, disorderly conduct)
- Substance use (e.g., possession, public intoxication)
- Disorganization (e.g., trespassing, larceny)
- Paranoia and persecutory delusions (e.g., making false reports, harassment)
- Agitation (e.g., resisting arrest, threatening, property damage)
- Grandiose and other delusions (e.g., theft, stalking, violation of protective order)
- Anger spurred by delusions (e.g., assault and other violent crimes)
- Mania (e.g., engaging police in a pursuit, public indecency, reckless endangerment)

Reducing DUP: The TIPS Campaign

- Treatment and Intervention in Psychosis Study (TIPS) – Norway & Denmark
  - Intensive information campaigns
    - » Target general public, schools, and GPs with information about how to recognize signs and symptoms of psychosis
  - Low-threshold early detection teams
    - » Facilitate case finding, evaluation, and triage
- Results
  - Reduced DUP significantly (16 weeks → 5 weeks)
  - When information campaign stops… DUP increases back to 15 weeks


Hvorfor er du så trist?
TIDLIGE TEGN PÅ PSYKOSE
TIPS
51 51 59 59


Rask hjelp ved alvorlige psykiske lidelser hos unge
51 51 59 59
Stavanger Universitetssjukehus
Helse Stavanger HF
TIPS
SØK HJELP SÅ RASKT SOM MULIG, DA ER SJANSEN STØRST FOR Å BLI FRISK


IF YOU THINK SOMEONE YOU KNOW HAS PSYCHOSIS:
GET THEM HELP – EARLY TREATMENT WORKS
SERVING
8 AREAS
BETHANY
WOODBRIDGE
HAMDEN
NORTH HAVEN
NEW HAVEN
EAST HAVEN
ORANGE
WEST HAVEN
mindmap
a clear path to mental health
(203) 589 0388 | MINDMAPCT.ORG

Early Intervention Matters

- Large randomized controlled trials on early intervention showed superior outcomes on:
  - Symptom improvement, better treatment response, lower likelihood of relapse and re-admission, better medication adherence, and less suicidal ideation and reduced aggression
  - Improved social and vocational functioning, independent living, treatment satisfaction, and quality of life
- In the United States, specialized early intervention has become known as Coordinated Specialty Care (CSC).

Coordinated Specialty Care

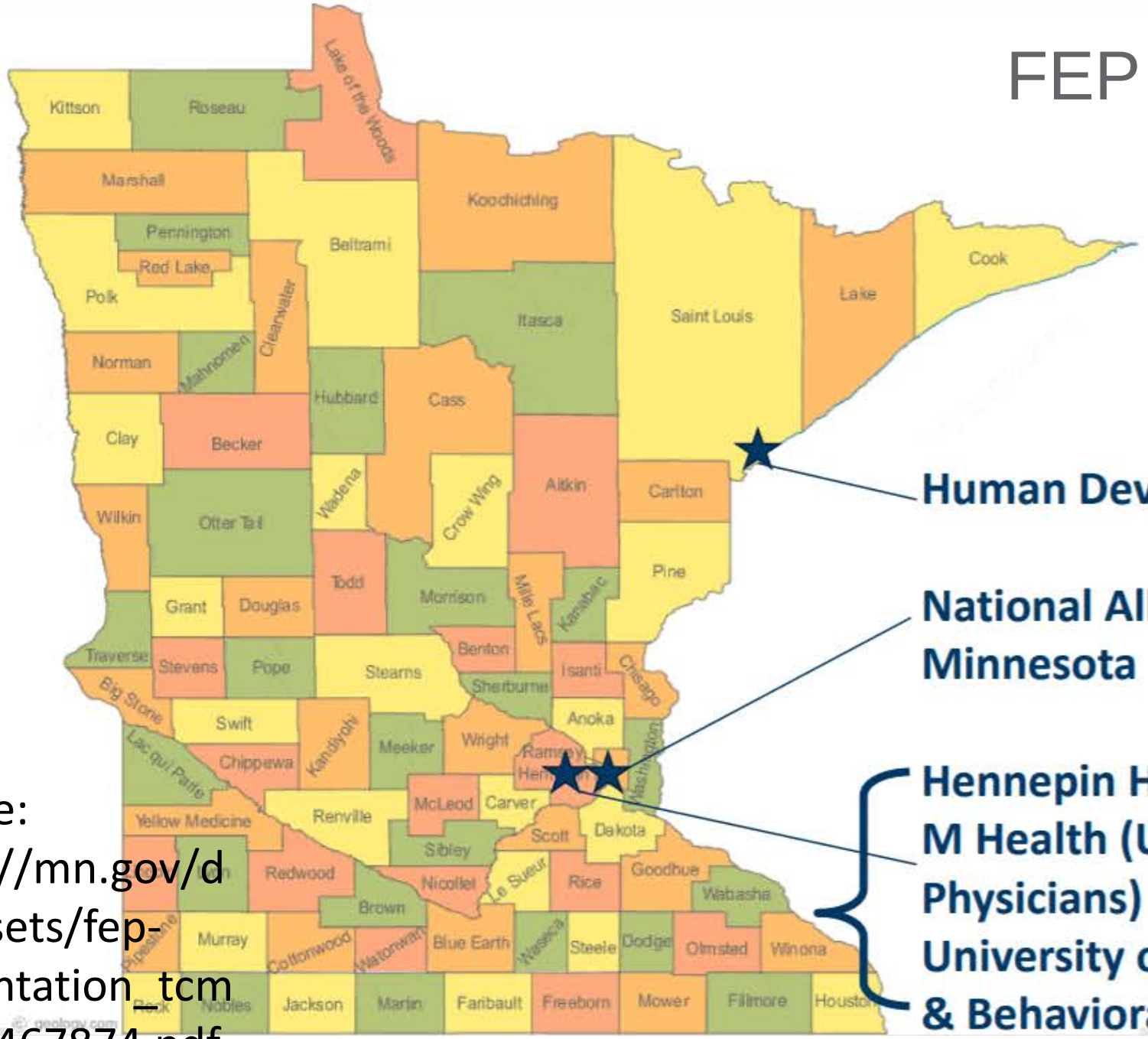
- Team Leadership
- Case Management
- Supported Education and Employment
- Peer Support
- Psychotherapy
- Family Education and Support
- Pharmacotherapy
- Primary Care Coordination

Coordinated Specialty Care – Evidence-Based Interventions

Services provided for an average of 2 years; focus is based on individual needs and preferences

- FEP-relevant illness management/coping strategies
- Medication
- Education/employment
- Substance Abuse
- Family Support
- Suicide Prevention
- Social Skills Training (individual and group)
- Physical Health
- Trauma-informed Care
- Income/Benefits Support
- Housing

FEP Services Across MN



Human Development Center (HDC)

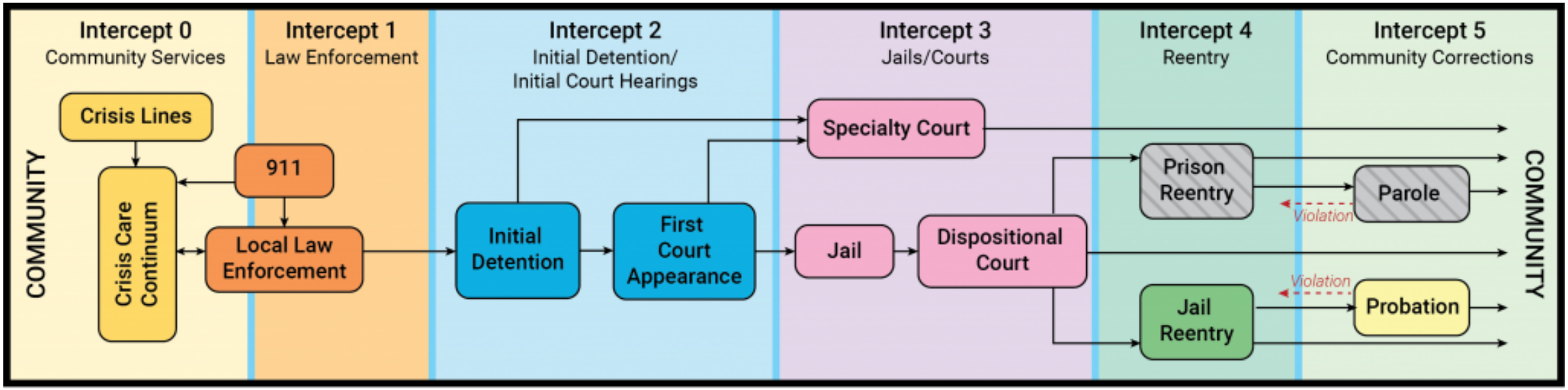
National Alliance on Mental Illness (NAMI) Minnesota

Hennepin Healthcare (HCMC), M Health (University of Minnesota Physicians) and University of Minnesota Dept. of Psychiatry & Behavioral Sciences

Source: https://mn.gov/dhs/assets/fep-presentation_tcm1053-467874.pdf

Interventions along the Sequential Intercept Model

Key Criminal Justice Stakeholders



Police

Pretrial Services
Bail Commissioner
Jail Diversion Staff
Defenders
Prosecutors
Judges

Corrections
Mental Health Court personnel

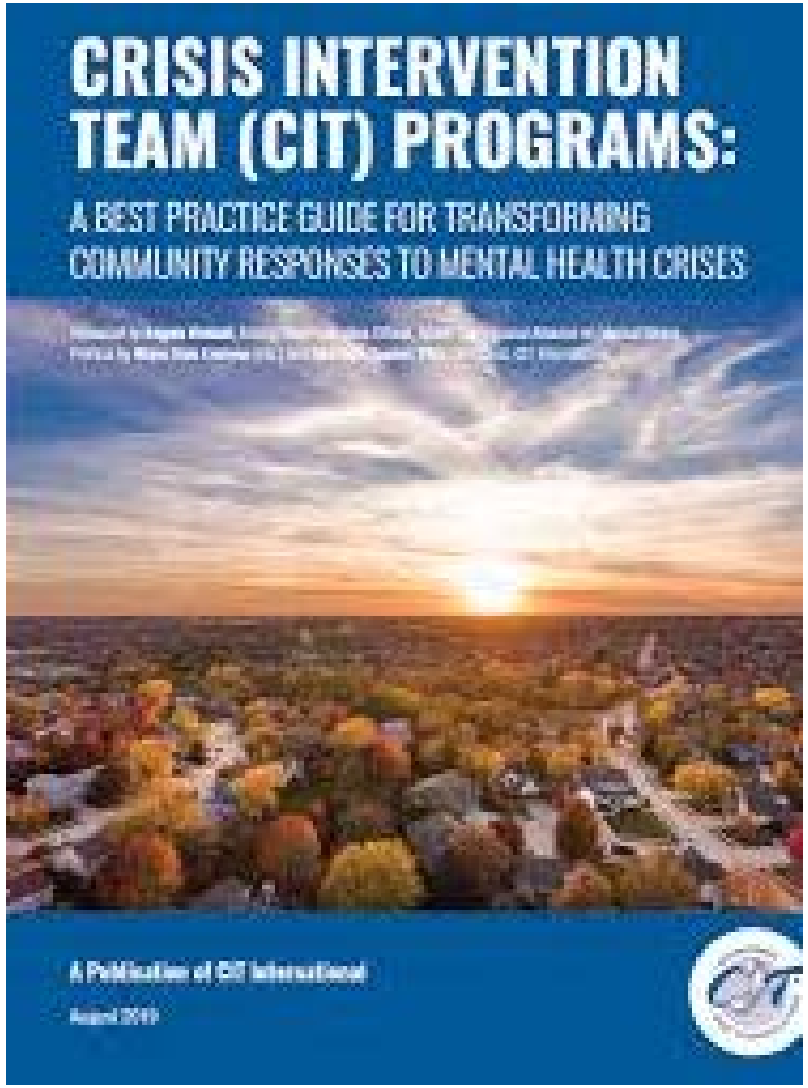
Probation
Parole

Intercept 1


Intercept 1
Law Enforcement
911
Local Law Enforcement
Arrest

Crisis Intervention Team (CIT) Model

- 40-hour CIT Training
- **Partnerships** with other first responder agencies, community providers, advocates, people with lived experience and family members
- Entry to emergency psychiatric services

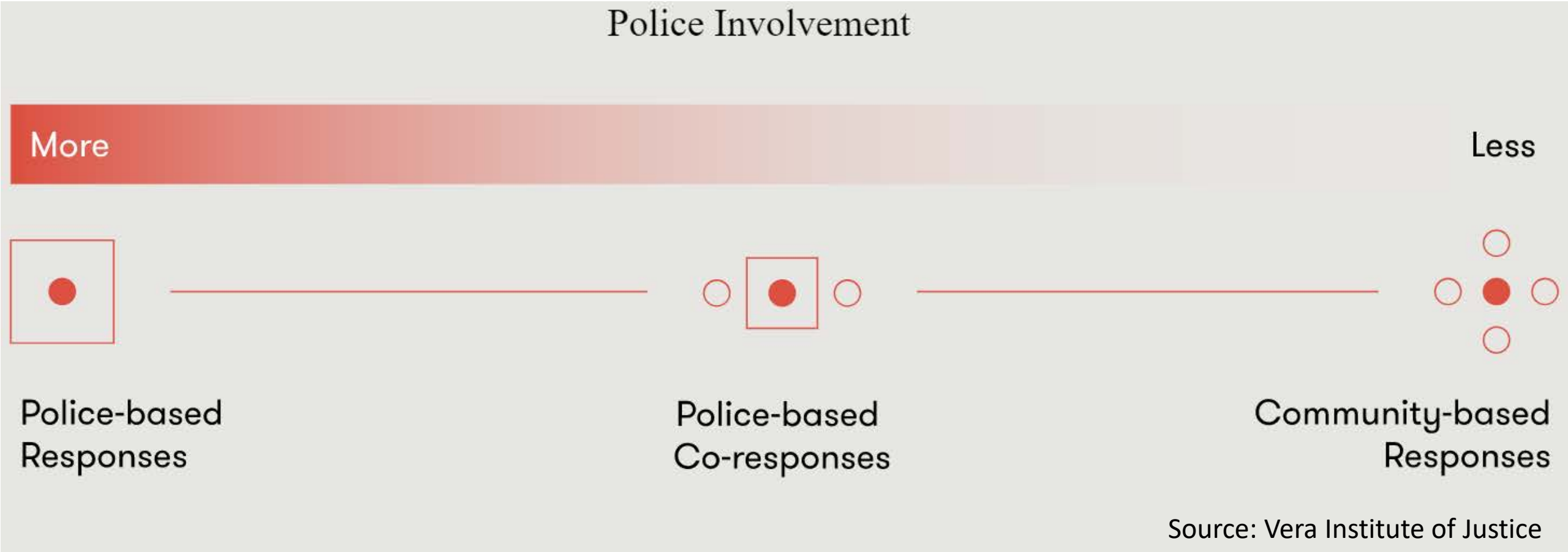


Crisis Intervention Team (CIT) Model: The Evidence

- CIT improves officer knowledge, attitudes, and confidence in responding safely and effectively to mental health crisis calls
- CIT increases linkages to services for persons with mental illnesses
- CIT reduces use of force with more resistant subjects
- Findings related to diversion from arrest vary
- **Effects are strongest when CIT follows a volunteer/ specialist model**

See: Watson, A.C., Compton, M.T. & Draine, J.N. (2017). The Crisis Intervention Team (CIT) model: An evidence-based policing practice? *Behavioral Sciences & the Law*. 35 (5-6) 431-441.

Community & Police-Based Crisis Response Alternatives

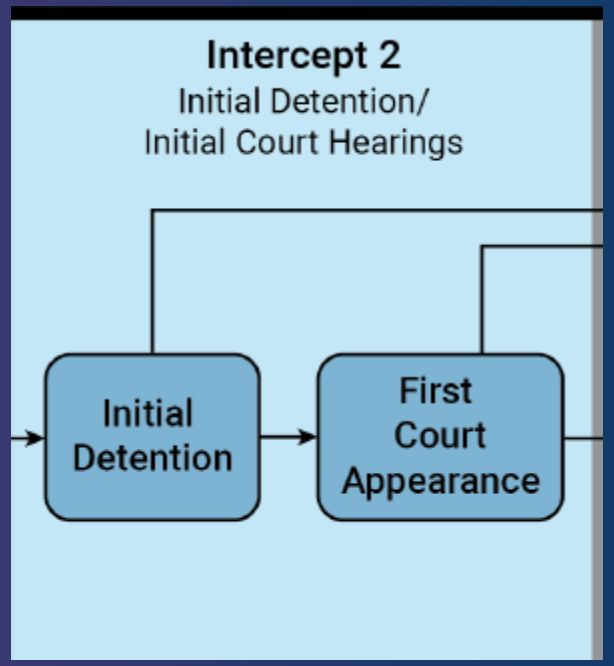


Source: Vera Institute of Justice

MEDIA – OUTREACH

mindmap
a clear path to mental health

Intercept 2


Intercept 2
Initial Detention/
Initial Court Hearings
Initial Detention
First Court Appearance

Enhanced Pre-Arraignment Screening Unit

PASU	E-PASU
EMTs	Patient Care Associate and Nurse Practitioner
Paper-based screening	Electronic Screening Tool
Relies solely on self-report	Access to health histories
Relies on hospital emergency rooms	Avoids unnecessary hospital runs by prescribing commonly needed medications
No process for jail diversion	Employs a diversion liaison
No process for care coordination	Uses electronic system for triage notification at jail admission

Summary of EPASU self-report data (May 18, 2015 – October 31, 2016)		
	N	**Percent**
Total number of Level 1 screens	10,695	99%
Total number of Level 2 screens	3,053	29%
Current Medical Problems		
- Breathing problems - Heart problems	772 422	7% 4%
Level 1 Behavioral Health Questions		
- Drink alcohol every day/most days - Currently in drug or alcohol program - Currently in mental health program - Currently living in supportive housing or residential program	418 352 164 687	8.9% 4.0% 2.0% 9.0%
Level 2 Behavioral Health Questions		
- Currently taking psych. medications - Currently in treatment	760 601	7.1% (24.9%) 5.6% (19.7%)

E-PASU: Outcomes for People with Behavioral Heath Needs

	Behavioral Health Need				
		Yes		No	
	Total	N	%	N	%
Total	3,968	1,089	27.4	2,879	72.6
Mean number of arrests in past 5 yrs		10.1		3.7	
Incarcerated in past 12 months	471	268	24.6	203	7.1
Sent to jail	901	384	35.3	517	18

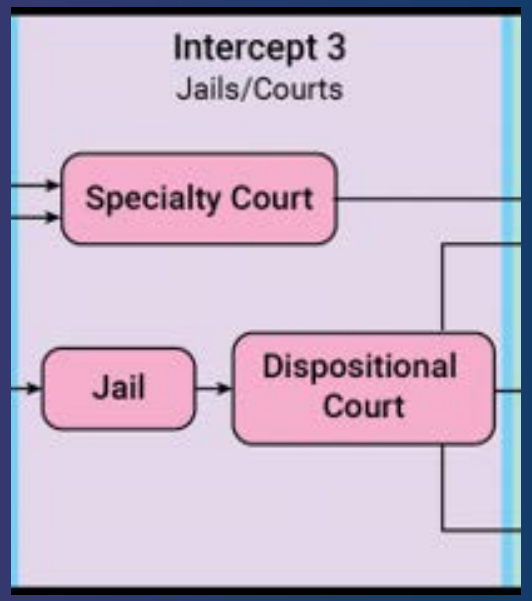
E-PASU: Facilitating Diversion

- EPASU patients with behavioral health needs were arrested primarily for misdemeanors (55%), nonviolent felonies (17%) and violations (10%)
- Fewer than half of potential diversion candidates consented to sharing their clinical summaries with a defender prior to arraignment
- Defenders use of clinical summaries depends on a variety of factors

Post-booking Diversion

- Will return to this…

Intercept 3


Intercept 3
Jails/Courts
Specialty Court
Jail
Dispositional Court

Mental Health Courts

- Vary widely in terms of eligibility criteria and requirements – types of charges, mental illness diagnoses accepted, plea and treatment requirements
- Using criminal charges as treatment leverage
    - Coercive or particularly well-suited to first-episode population?

Jail-Based Services

- Intake assessment – identification and referral
- Initial treatment planning and engagement
    - Initiation of antipsychotics and support for medication adherence
    - Identification of family supports
    - Identification of community-based resources

Challenges with Detection in Jails

- Stressful nature of environment
- Distrust of providers
- Rapid turnover in jails
- Lack of trained staff
- Limited resources
- Lack of collateral information
- Motivation to exaggerate or minimize symptoms

INSIGHT

DETECT. REFER. CHANGE LIVES.

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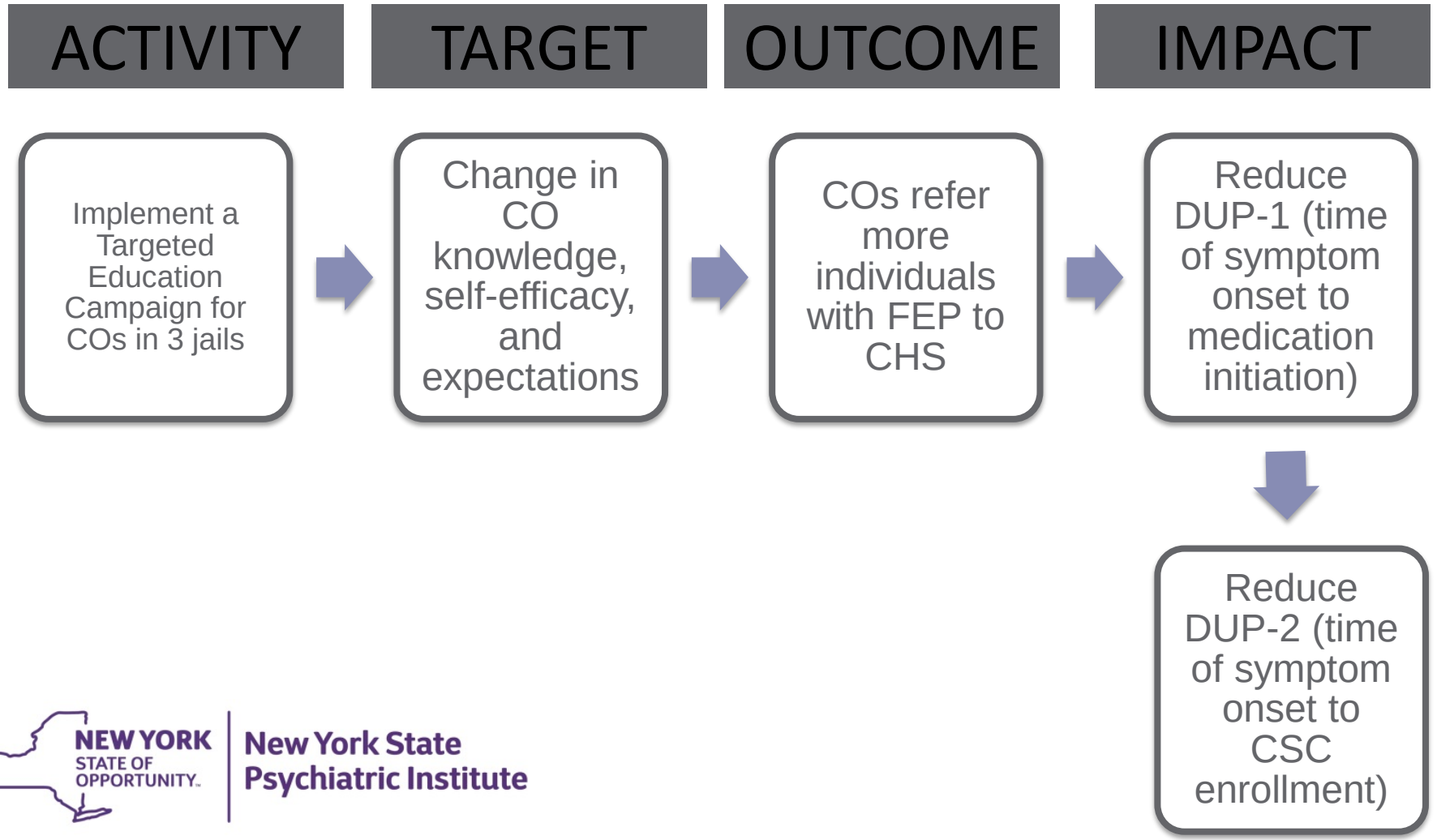
Reducing DUP in the NYC Jails (Rikers Island)

InSight is designed to help young people in jail with early psychosis get connected to treatment sooner

- Launch Targeted Education Campaign for Correction Officers to better equip them to recognize the signs of early mental illness and refer to mental health services
- Integrate specialized early engagement process in jail order to provide fast linkage to coordinated specialty care in the community (OnTrackNY)

Targeted Education Campaign

February 2020 – January



Targeted Education

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ACTIVITY	TAR
Implement a Targeted Education Campaign for COs in 3 jails	Change knowledg efficacy expecta

- 3 jails
  - Anna M. Kross Center (AMKC)
    - Houses men (all pre-trial)
    - Largest number of mental health units on Rikers
  - Robert N. Davoren Complex (RNDC)
    - Houses detained and sentenced men
    - Most young people on Rikers reside in this facility
  - Rose M. Singer Center (RMSC or “Rosie’s”)
    - Houses women
- Multi-media targeted education campaign
  - Messaging at roll-calls with all Correction Officers
  - Educational video roll out
  - Promotional items (postcards, memo book inserts, stickers, pens, etc.)
- Baseline, 6-month, and 12-month surveys to assess changes in Officers’ knowledge and attitudes

CSC enrollment)

INSIGHT

DETECT. REFER. CHANGE LIVES.

646-774-8476

INSIGHT

DETECT. REFER. CHANGE LIVES.

InSight is a project to help inmates, 18–30 years old, experiencing early psychosis, such as hearing voices or having unusual beliefs, get connected to Mental Health treatment sooner, including specialized mental health care after release.

DETECT.

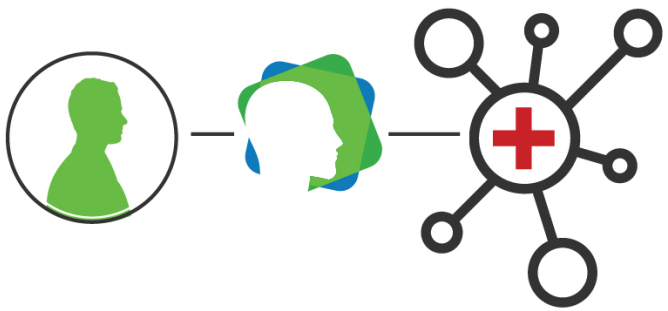
EARLY DETECTION MATTERS.

Correction Officers are the eyes and ears for Mental Health. InSight is about giving Correction Officers additional tools to recognize signs and symptoms of psychosis.

REFER.

REFER TO MENTAL HEALTH.

The earlier someone is referred, the more likely they will get the appropriate treatment they need. This makes *their* lives better and *your* jobs easier.



CHANGE LIVES.

SPECIALTY CARE CHANGES LIVES.

There is specialty care available in every borough of New York City that inmates may be eligible for after release. It can increase someone's chances of getting back on track – in work, in school, and in leading meaningful and productive lives. InSight will link people to these services.

IDENTIFYING EARLY PSYCHOSIS

InSight is a project to help inmates, ages 18 to 30 years old, with early psychosis get connected to Mental Health treatment sooner, including specialized mental health care after release.

Key Facts

- People with psychosis have a treatable mental illness.
- Early psychosis refers to the early stage of mental illnesses that can cause hearing voices or having unusual beliefs.
- Early psychosis usually begins between the ages of 18 and 30.
- Schizophrenia is one example of a mental illness that can cause psychosis.
- Getting the right kind of treatment as early as possible can make a big difference.

People with psychosis may experience symptoms such as:

- Hearing voices (hallucinations)
- Whispering to themselves
- Acting like they're responding to something when there is nothing there or appearing to be talking to someone when no one is present
- Having beliefs that are not true or are unusual (delusions)
- Withdrawing from groups
- Speaking in a jumbled manner or not making sense while talking

If you notice an inmate showing any of these signs, refer them to mental health services.

Key Definitions

Hallucinations: unusual experiences in one of the five senses (hearing, seeing, smelling, tasting, feeling). Auditory hallucinations (hearing voices) are the most common.

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Correction Officer Survey: Baseline Demographics

TABLE 1. SAMPLE DEMOGRAPHICS

	Baseline n=200	
	M	SD
Age, years	34.2	8.0
Time as a Correction Officer, years	5.1	4.5
	n	%
Gender, male	111	56.1
Ethnicity, non-Hispanic	122	68.9
Completed MHFA training	164	82.4
Completed CIT training	133	66.5
Works in an MO area	85	42.7
Captain, yes	2	1.0
Race		
Black or African American	112	59.6
Asian	13	6.9
Native Hawaiian or Other Pacific Islander	1	.5
White or Caucasian	27	14.4
Other	35	18.6
Education		
Did not complete 12th grade	1	.5
Graduated high school	7	3.5
GED	0	0
Some college	50	25.1
Completed college	124	62.3
Graduate training after college	17	8.5
Post		
Housing	116	60.7
Programs	18	9.4
Intake	5	2.6
Clinic	3	1.6
Other	49	25.7

Table 2. Overall scale comparisons between baseline and 6-months.

	Baseline		***6-months***			
	M±SD	KR20/ Cronbach's	*M±SD*	KR20/ Cronbach's	Mann-Whitney U	p-value
Knowledge	6.3±2.5	.72	*7.3±2.4*	*.76*	9080.5	**<0.001**
Behavioral Expectations	21.6±3.1	.72	*23.6±3.7*	*.88*	7636.5	**<0.001**
Self-efficacy	26.8±3.4	.81	*27.4±3.7*	*.86*	10531.0	.103
Social Distance Stigma	21.2±5.9	.90	*23.6±5.4*	*.88*	9095.0	**.001**

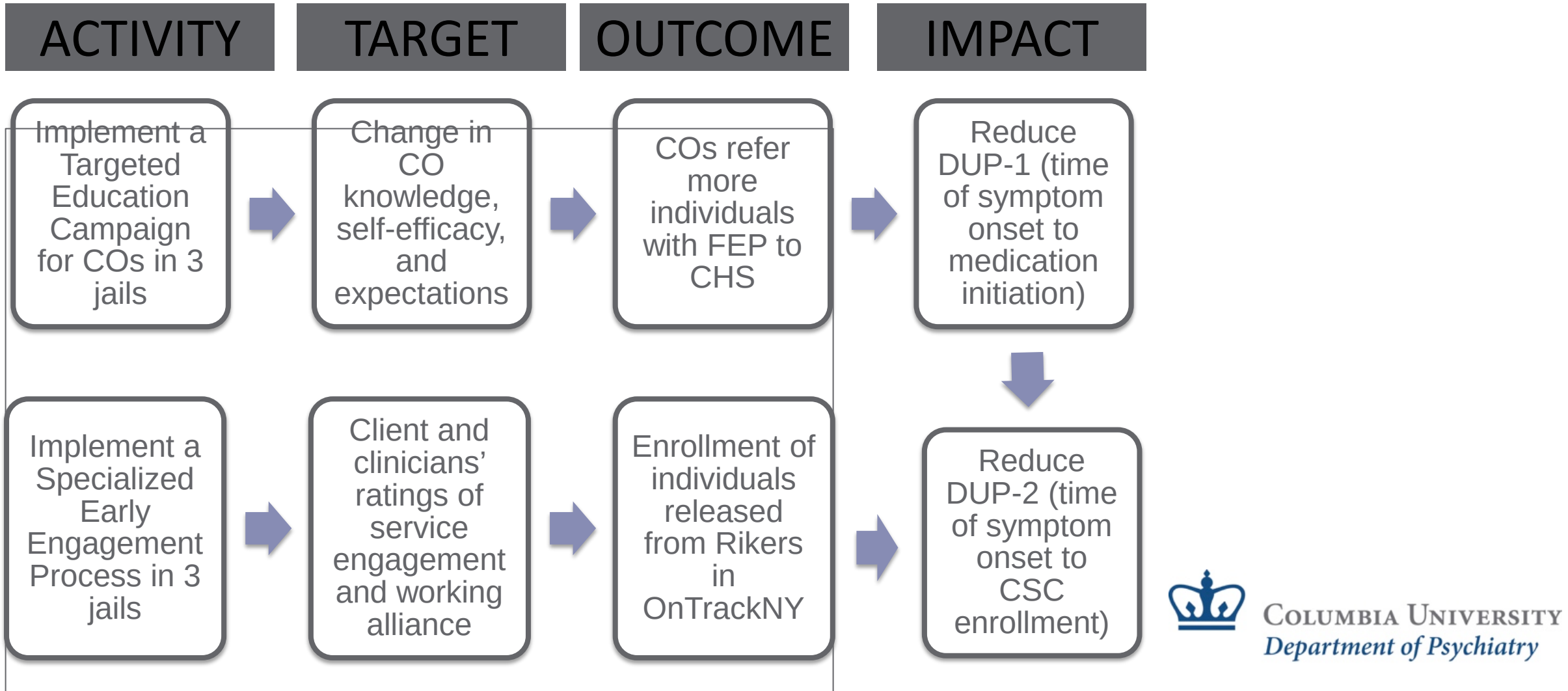
Social Distance Stigma
At 6 months

15. How willing would you be to have David come into your home to paint a room?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Unwilling	87	70.7	70.7	70.7
	Somewhat Unwilling	17	13.8	13.8	84.6
	Somewhat Willing	16	13.0	13.0	97.6
	Very Willing	3	2.4	2.4	100.0
	Total	123	100.0	100.0	

Targeted Education Campaign + Specialized Early Engagement Support Service

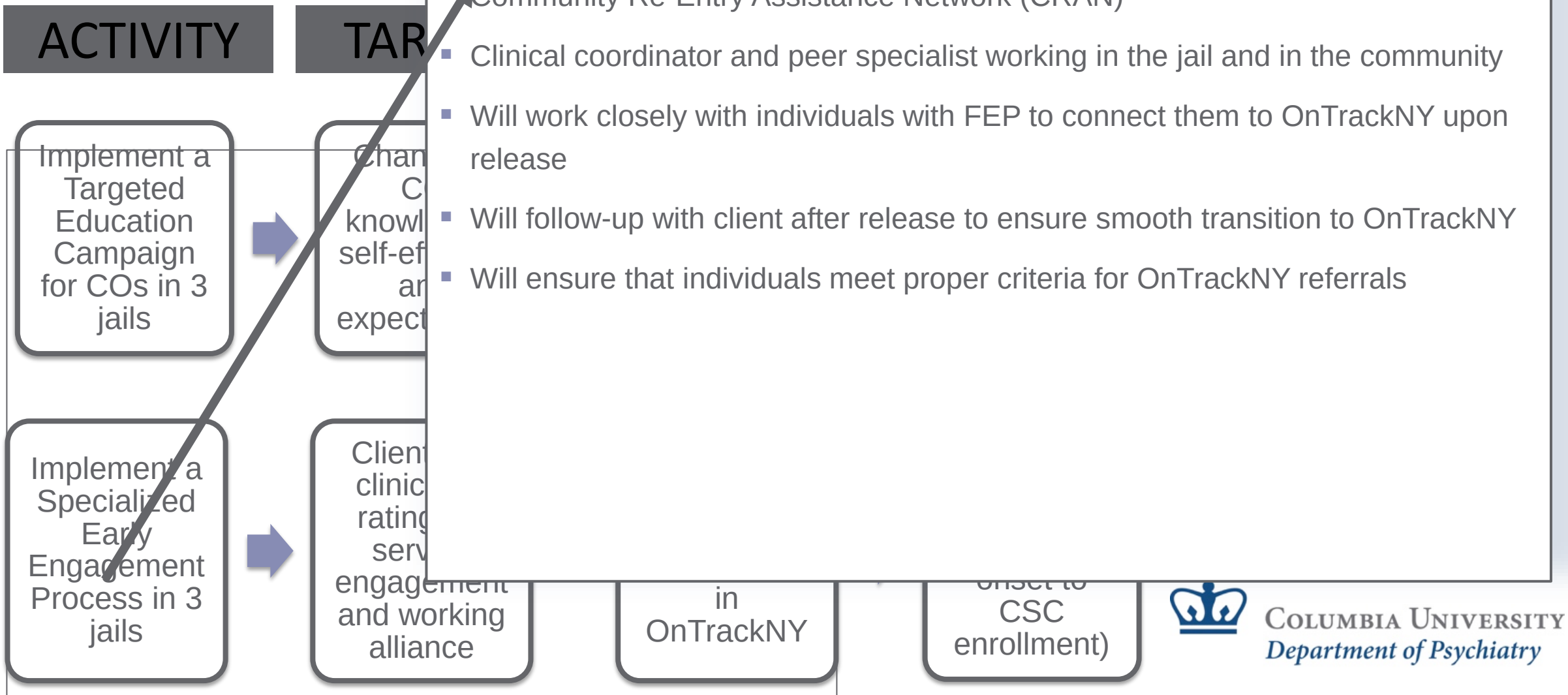
February 2021 – January 2022



Targeted Education Campaign + Specialized Early Engagement Support

February 2021 – J

- Specialized Early Engagement Support Service will be integrated into existing Community Re-Entry Assistance Network (CRAN)
- Clinical coordinator and peer specialist working in the jail and in the community
- Will work closely with individuals with FEP to connect them to OnTrackNY upon release
- Will follow-up with client after release to ensure smooth transition to OnTrackNY
- Will ensure that individuals meet proper criteria for OnTrackNY referrals



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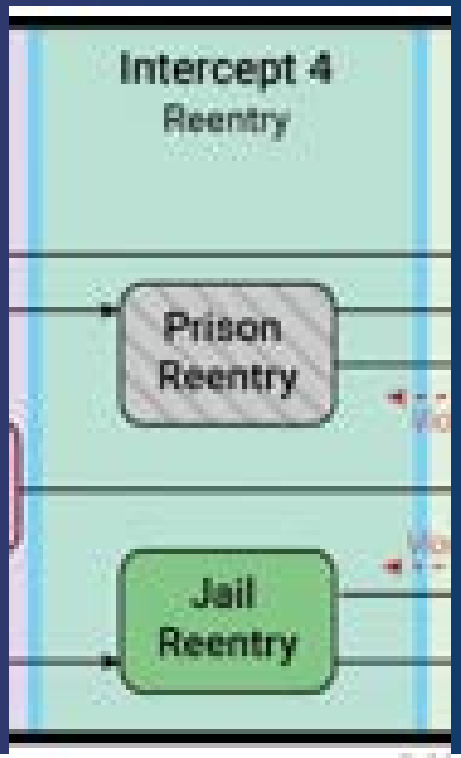
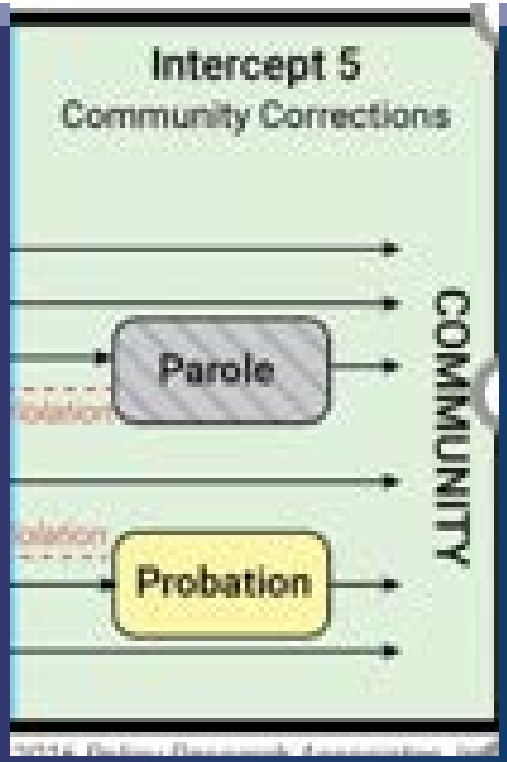
Intercept 4



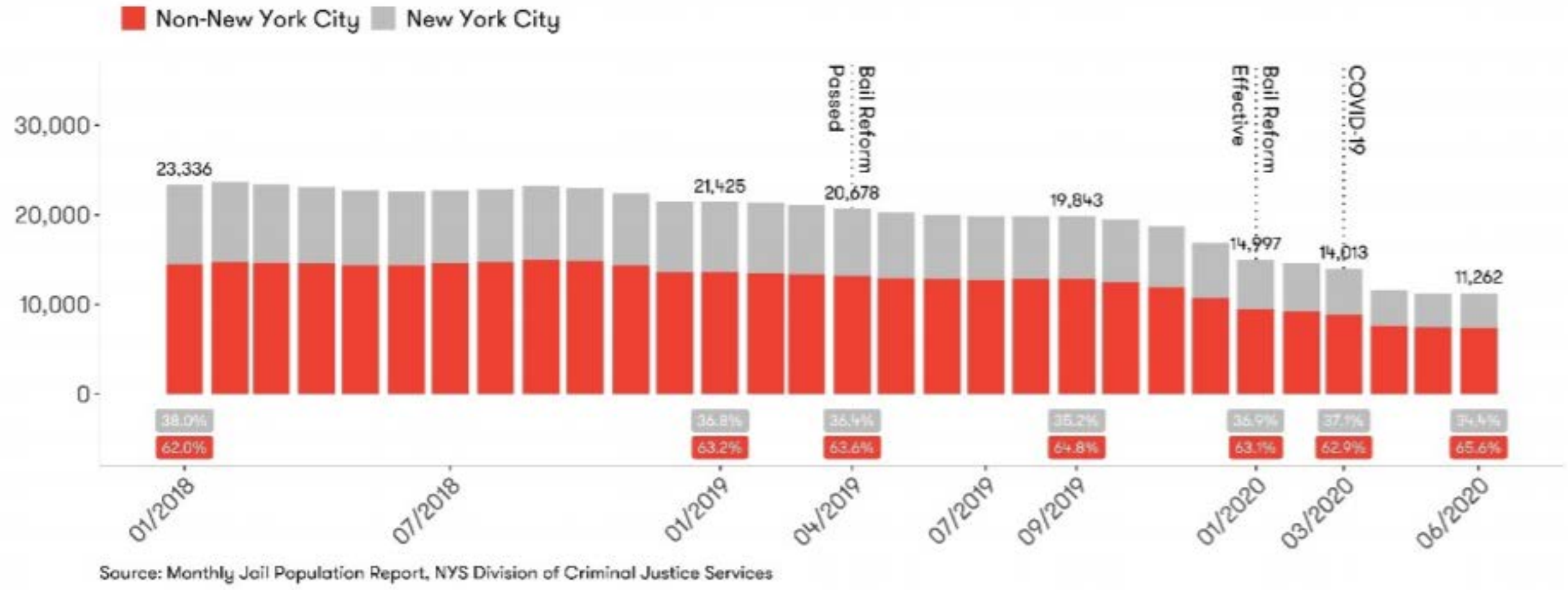
Intercept 5


Intercept 5
Community Corrections
Parole
Probation
COMMUNITY

Some real-world updates…

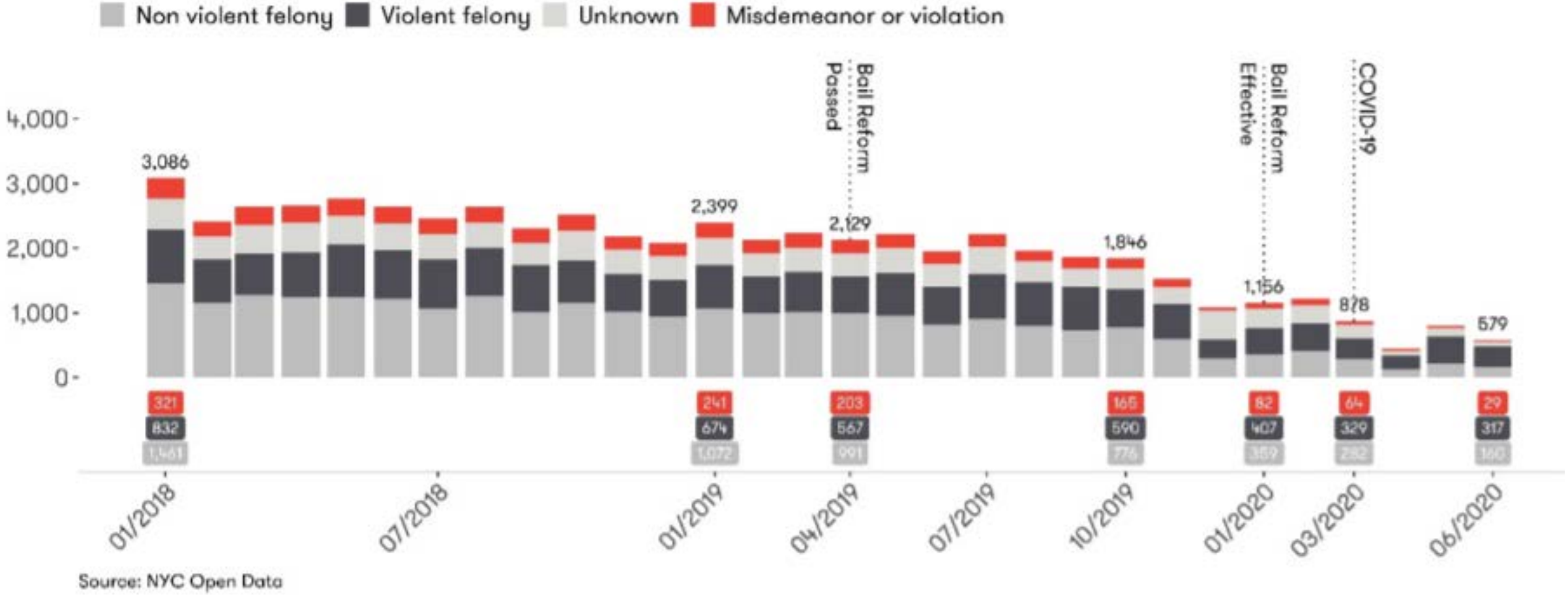
- COVID-19…
- Bail reform and rollback

Fig. 3: New York State daily jail population



Source: Monthly Jail Population Report, NYS Division of Criminal Justice Services

Fig. 13: Monthly pretrial admissions by top charge severity, NYC



Source: NYC Open Data

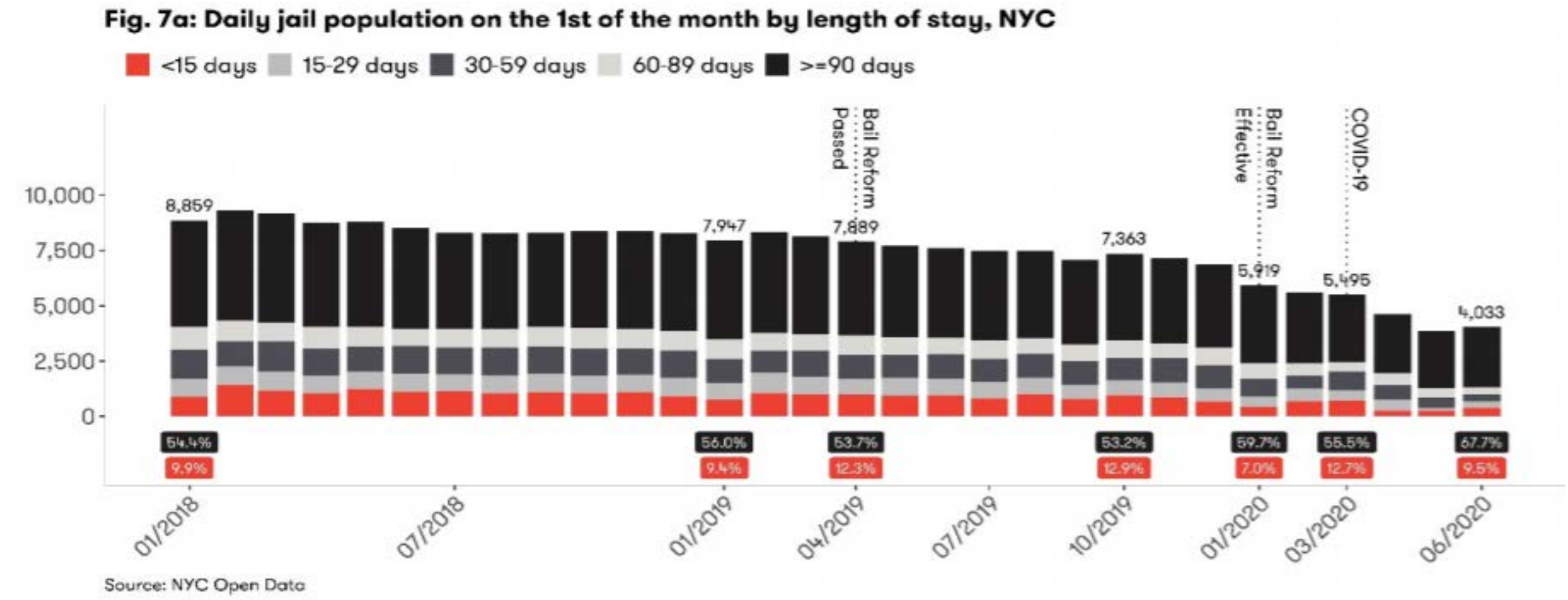


Fig. 7a: Daily jail population on the 1st of the month by length of stay, NYC
<15 days
15-29 days
30-59 days
60-89 days
>=90 days
10,000
7,500
5,000
2,500
0
8,859
7,947
7,889
7,363
5,919
5,495
4,033
Bail Reform Passed
Bail Reform Effective
COVID-19
54.4%
9.9%
56.0%
9.4%
53.7%
12.3%
53.2%
12.9%
59.7%
7.0%
55.5%
12.7%
67.7%
9.5%
01/2018
07/2018
01/2019
04/2019
07/2019
10/2019
01/2020
03/2020
06/2020
Source: NYC Open Data

Collaborative Strategies: Criminal Justice and Coordinated Specialty Care

Strategies for Collaboration

- Consider Early Detection Information Campaigns
- Establish formal partnerships between CSC programs and criminal justice agencies
- Communicate about eligibility criteria and mandated treatment

How do CSC and Justice Systems Work Together?

- CSC clinicians can be proactive and get involved.
  - Consider justice system a part of *coordinated* specialty care.
  - Engage in community relationship building.
  - Be a knowledgeable clinician who can problem-solve, access resources, and educate.
- CSCs can work with pre-trial services, jail diversion, or specialty courts if arrests occur.
  - Assist in accessing these mechanisms if necessary.
- CJ stakeholders can become familiar with and refer to local CSCs.

How do CSC and Justice Systems Work Together?

- Obtaining history about clients' legal involvement and treatment
  - Clients may be unsure
  - Databases, lookups, other collateral sources of information
- Ensuring continuity of treatment when incarceration occurs
- Coordinating between probation/community monitoring and CSC
- Educating families about requesting CIT

Can CSC Principles Be Followed in CJ Settings?

- Learn and follow elements of procedural justice.
  - Having a voice/feeling heard, respect, dignity, involvement in decision-making, fairness, transparency, absence of coercion
  - Relevance for people with serious mental illness in involuntary commitment and mandated treatment settings (O'Donoghue, et al., 2011; Galon and Wineman, 2010)
- Clarify roles, boundaries, and conditions.
  - Reiterate as necessary.
- Know your clients' rights and laws regarding confidentiality.
  - Seek supervision/consultation whenever unsure.

Additional Resources

- Early Serious Mental Illness Treatment Locator
- National Early Psychosis Directory
- First Episode Psychosis: Considerations for the Criminal Justice System

Contact Information

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THANK YOU!