

Early Psychosis and the Justice System: Prevention and Intervention Strategies

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Icahn School of Medicine at Mount Sinai

April 21, 2021, 2:00-3:30pm



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

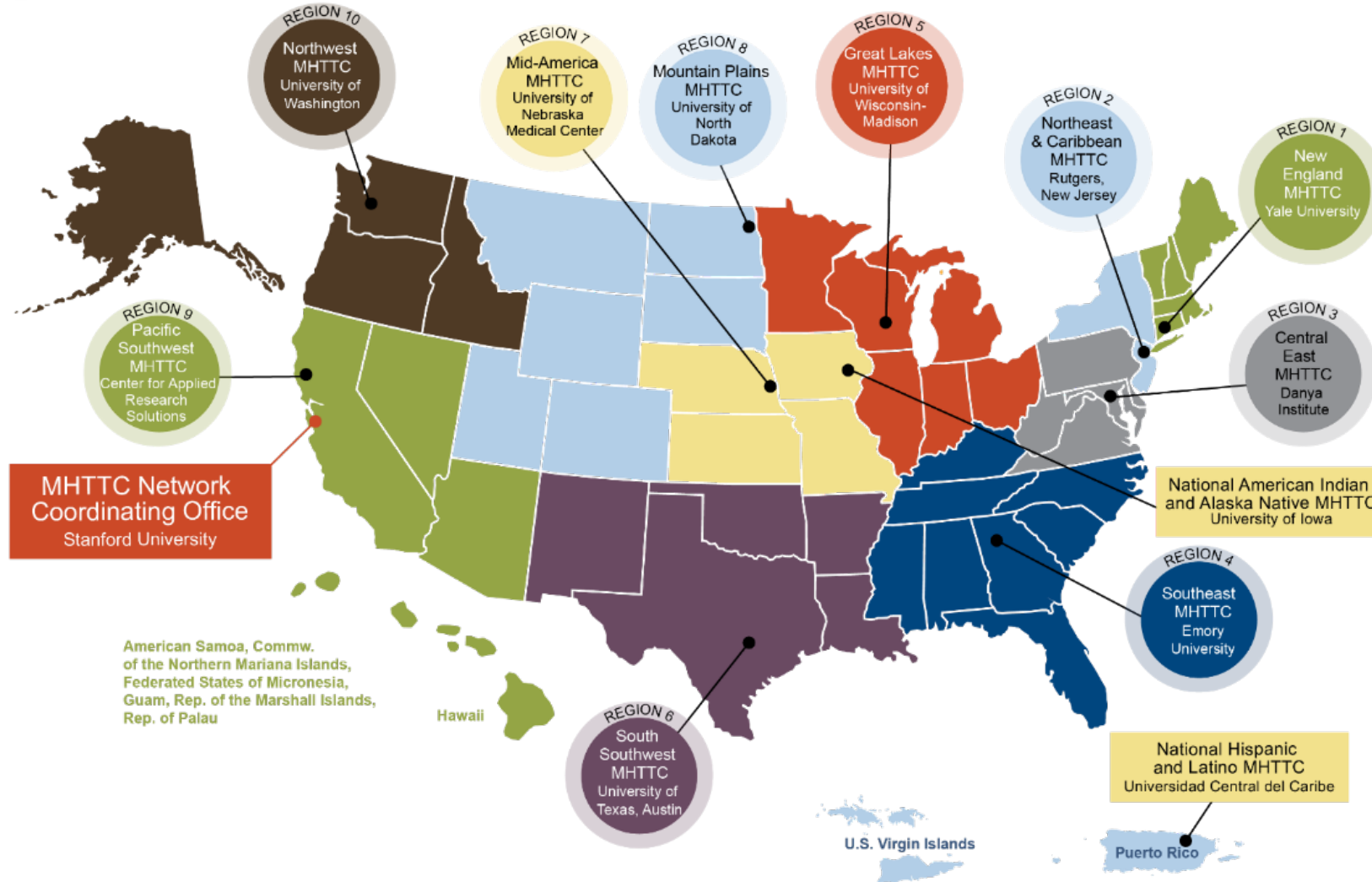


MHTTC

Mental Health Technology Transfer Center Network

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MHTTC Network



MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.

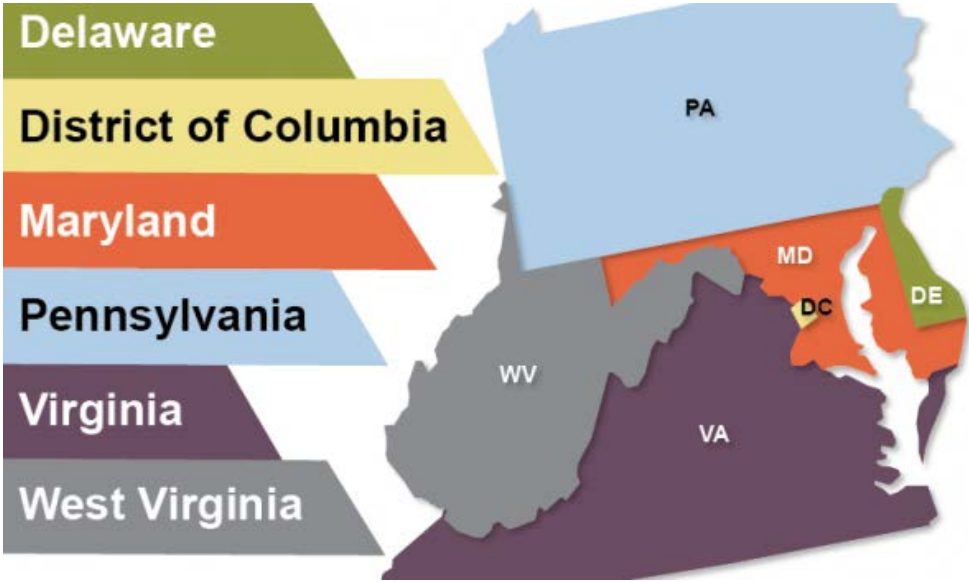


Central East MHTTC Goals

Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region 3



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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

Background



- Clinical psychologist by training and a current NIMH-T32 Postdoctoral Fellow specializing in the early stages of psychosis.
 1. see patients at risk for psychosis for individual, group, and family therapy.
 2. conduct research on psychosis.
 3. help with training and outreach.
- I am passionate about mental health education (particularly psychosis), stigma reduction, and equitable, culturally responsive, evidence-based care.

**JOHN
JAY** COLLEGE
OF
CRIMINAL
JUSTICE



Agenda

1. Defining the Issue
2. Psychosis and the Justice System
3. Sequential Intercept Model
4. Prevention
5. Intervention
6. Summary

Agenda

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Psychosis: Big picture

- Approximately 1%-3% develop a psychotic disorder in their lifetime.
- 100,000 adolescents and young adults develop a first episode of psychosis each year in the US.
- Estimated economic burden of \$156 billion in the US.
- Significant individual impact (earlier mortality, lower QoL).
- Although there are negative outcomes associated with psychosis, it is important to note that many individuals who experience psychosis can and do lead full and successful lives.
- Additionally, many individuals who experience psychosis report positive changes afterwards (e.g., personal strength; spiritual growth).



Psychosis



- Not a diagnosis
- Diverse set of experiences, including loss of touch from reality (hallucinations, delusions)
- Commonly associated with schizophrenia-spectrum disorders, but may be present in mood disorders, trauma, substance use, etc.
- **“Early-stage psychosis”** = first signs and experiences

Early-stage psychosis

Psychosis-risk (aka Clinical High Risk [CHR] for psychosis, or... ultra-high risk... “prodrome”... etc.)

- warning signs; sub-threshold
- psychosis-like experiences that resemble psychosis, but do not rise to the same level of severity and frequency; doubt is also intact
- ~22% develop a psychotic disorder (Fusar-Poli et al., 2020)

First-Episode Psychosis (FEP)

- first signs of a threshold/full episode
 - most have a CHR phase before developing a FEP

Early-stage psychosis

- Onset generally occurs between the ages of 12-30, during key developmental periods.
- Onset may begin in adolescence and continue into young adulthood.



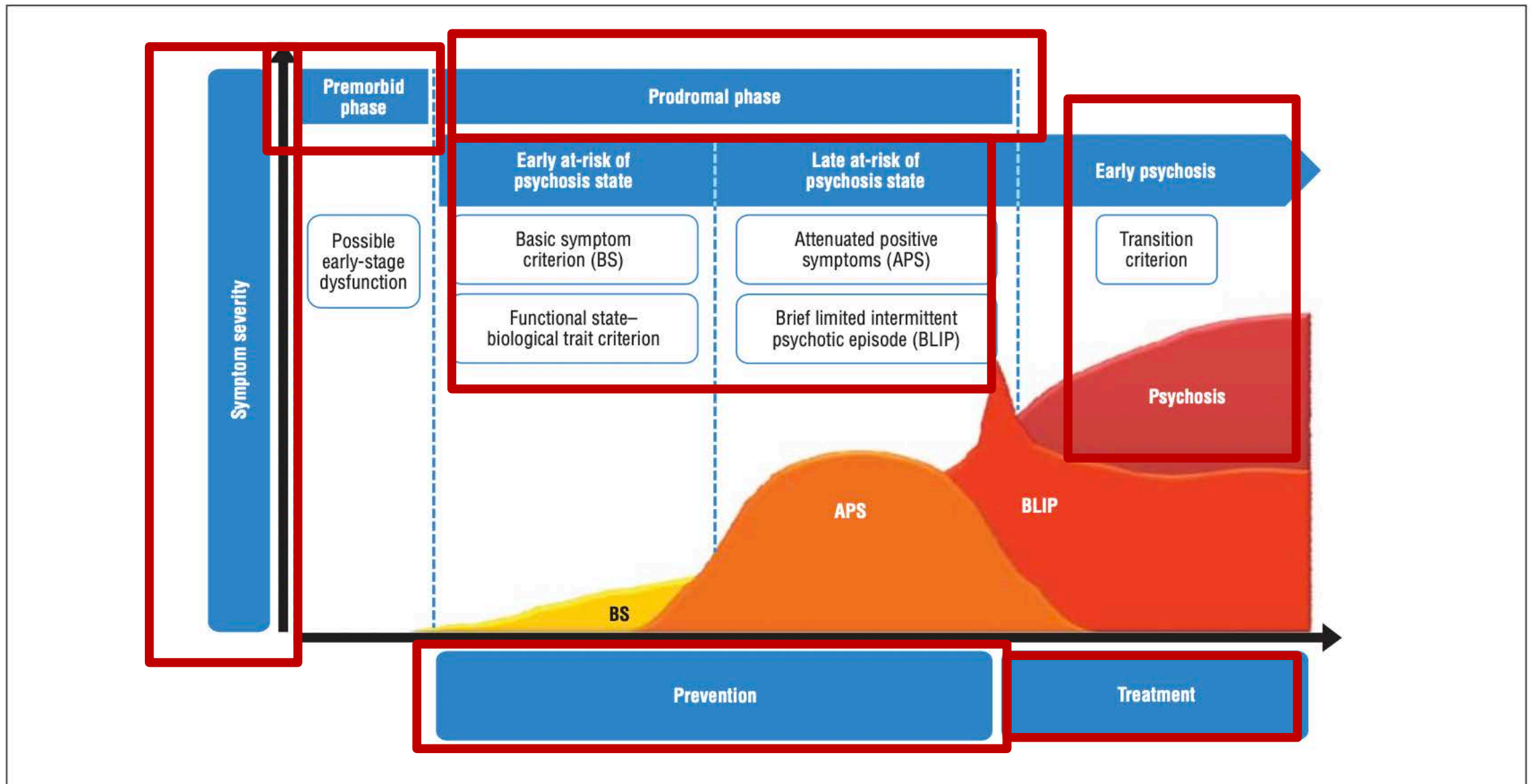


Figure 3. Model of psychosis onset from the clinical high-risk state. The higher the line on the y-axis, the higher the symptom severity.

Psychotic Symptoms: DSM-5

- Two types of psychotic symptoms (DSM-5 'Criterion A', e.g., for schizophrenia)

1

**Positive symptoms
(Behavioral excess)**



- Hallucinations
- Delusions
- Disorganized speech
- Disorganized/catatonic behavior

2

**Negative symptoms
(Behavioral deficits)**

Positive symptoms

- **Hallucinations:** perceptual/sensory abnormalities that occur without an external stimulus
 - auditory (most common), visual, tactile, olfactory
- **Delusions:** false and fixed beliefs
 - *“I think people are talking about me”*
 - *“Someone is following me”*
 - *“People are talking about me to plot against me”*
 - *“Aliens are sending me messages through the TV”*

Positive symptoms (cont.d)

Disorganized speech: difficult to follow

- Disjointed monologues
- Idiosyncratic use of words

Disorganized behavior: unpredictability/agitation

- Dressing in unusual manner
- Unpredictable emotional response



- **Goal-directed behavior**
- **Functioning**

Disorganized movement: unusual movements

Negative symptoms

- Two types of psychotic symptoms (DSM-5 'Criterion A', e.g., for schizophrenia)

1

Positive symptoms
(Behavioral excess)

2

**Negative symptoms
(Behavioral deficits)**



- Social withdrawal
- Decreased motivation
- Decreased activity
- Limited facial expression

Summary: early-stage psychosis and revisiting “prevalence”

- **DSM-5 psychotic disorders = 1-3% lifetime prevalence**
- **Psychosis-risk in general population = 3.3%**
(Woods et al., 2019)
- **Psychosis-risk in clinical samples = 20%** (Woods et al., 2019)
- In one study, 1 in 4 non-psychotic adolescent inpatients met psychosis-risk criteria (Gerstenberg et al., 2015)

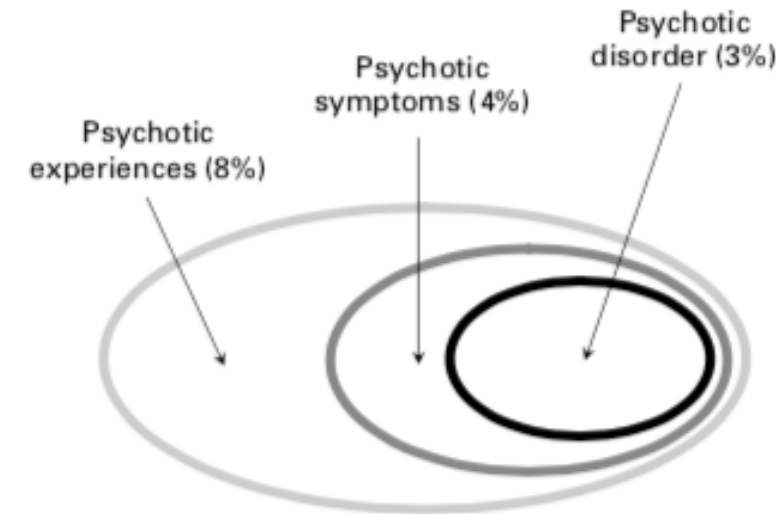


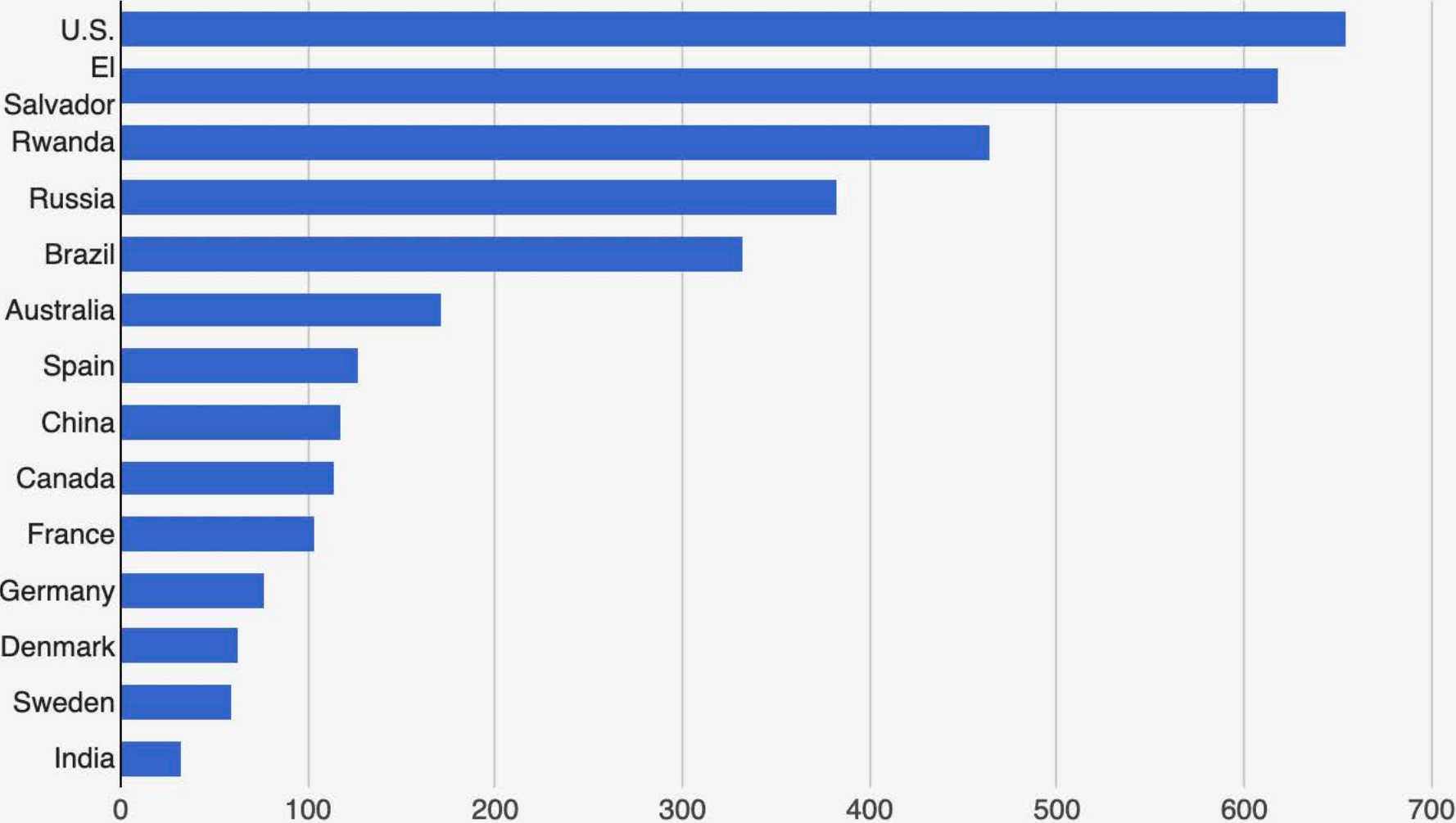
Fig. 4. Psychosis: variation along a continuum.

Van Os et al., 2009

Conclusion = not rare; likely under- detected

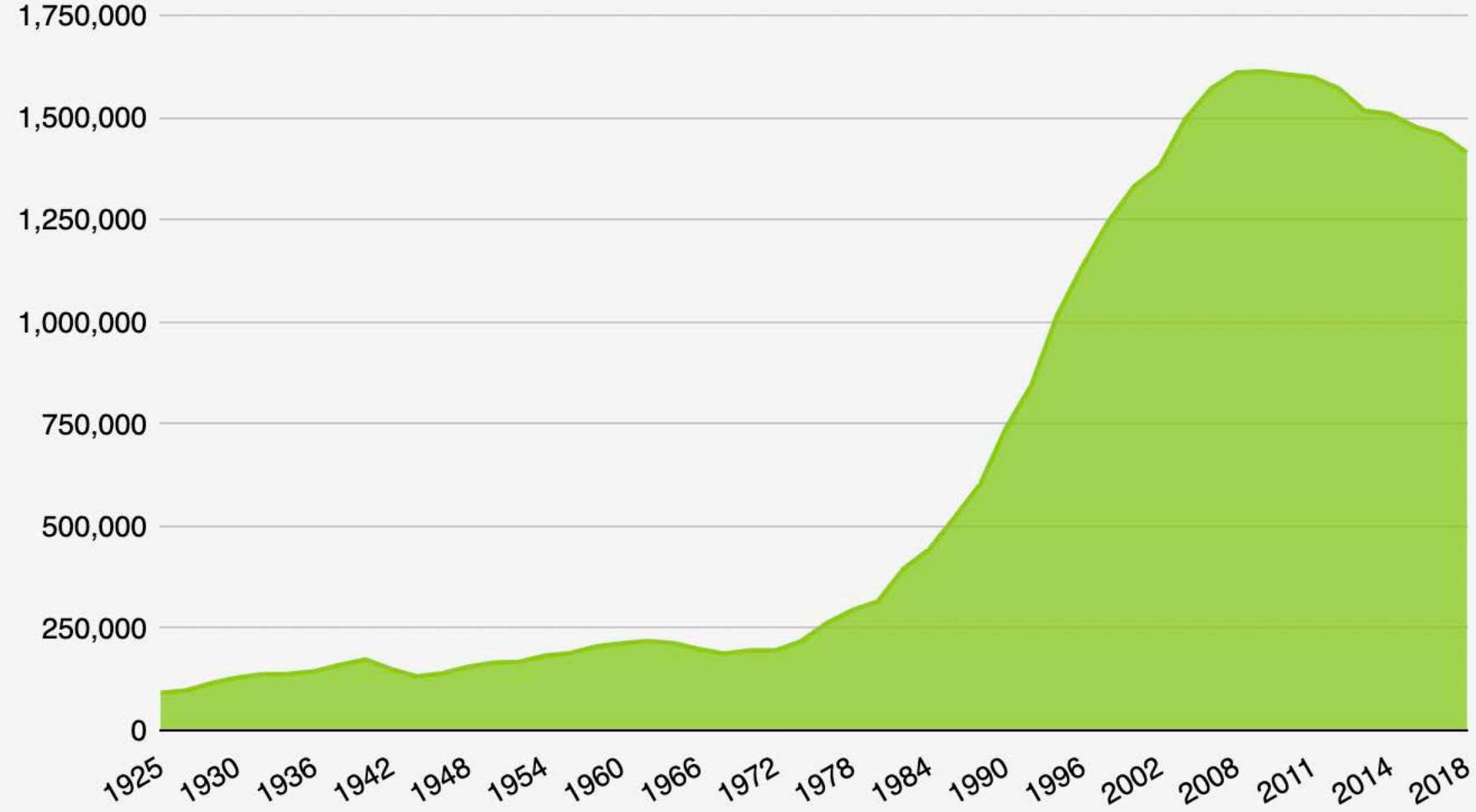
U.S. Justice System

International Rates of Incarceration per 100,000



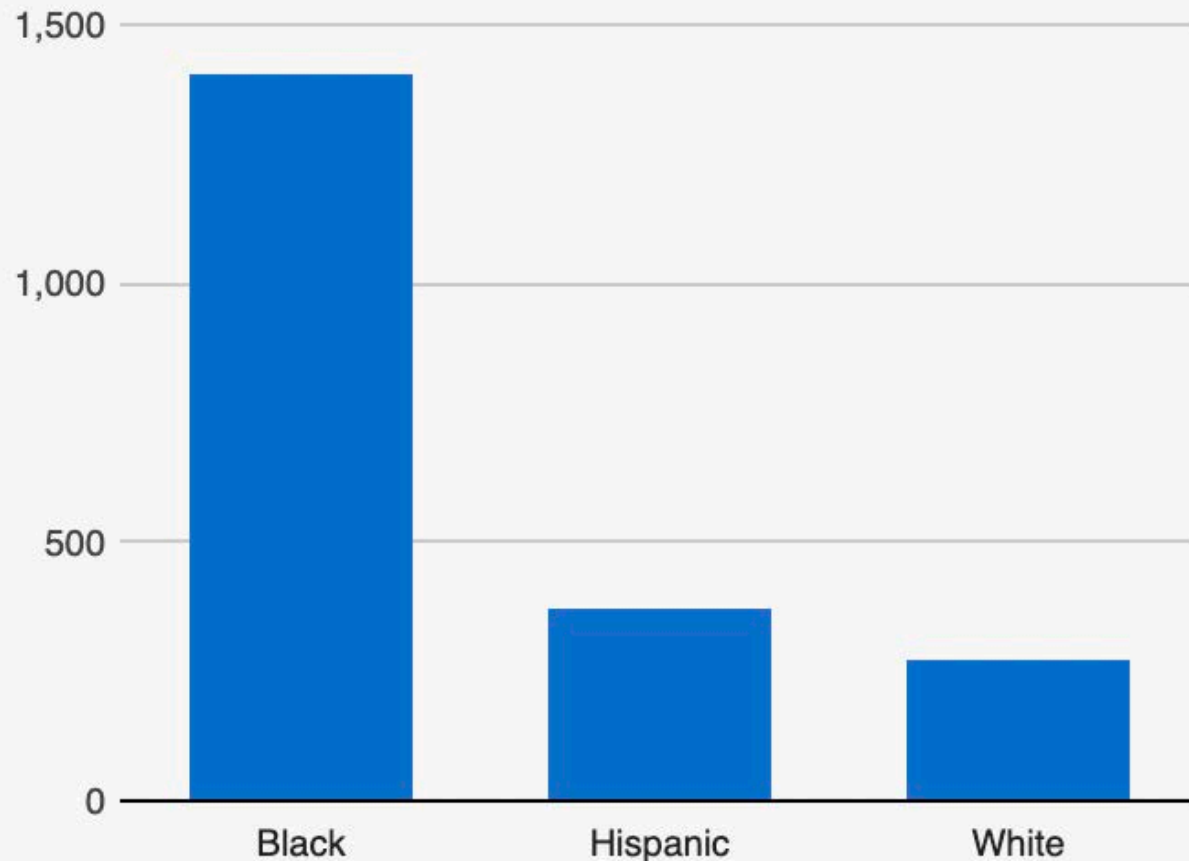
U.S. Justice System (cont.d)

U.S. State and Federal Prison Population, 1925-2018



U.S. Justice System (cont.d)

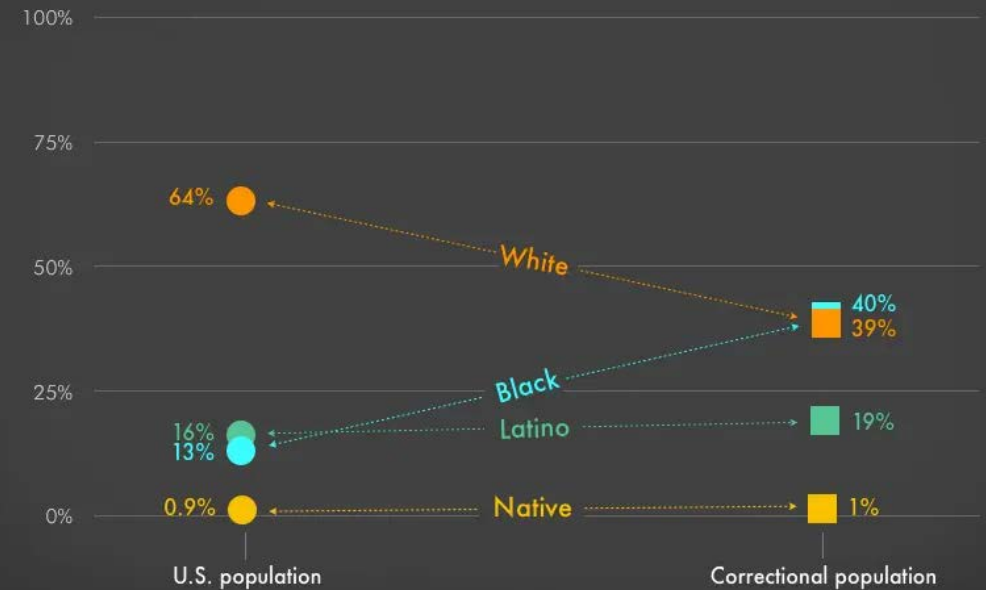
Figure 1. Average rate of incarceration by race and ethnicity, per 100,000 population



[Sentencing Project](#), 2016

Racial and ethnic disparities in correctional facilities

Whites are underrepresented in the incarcerated population while Blacks are overrepresented.

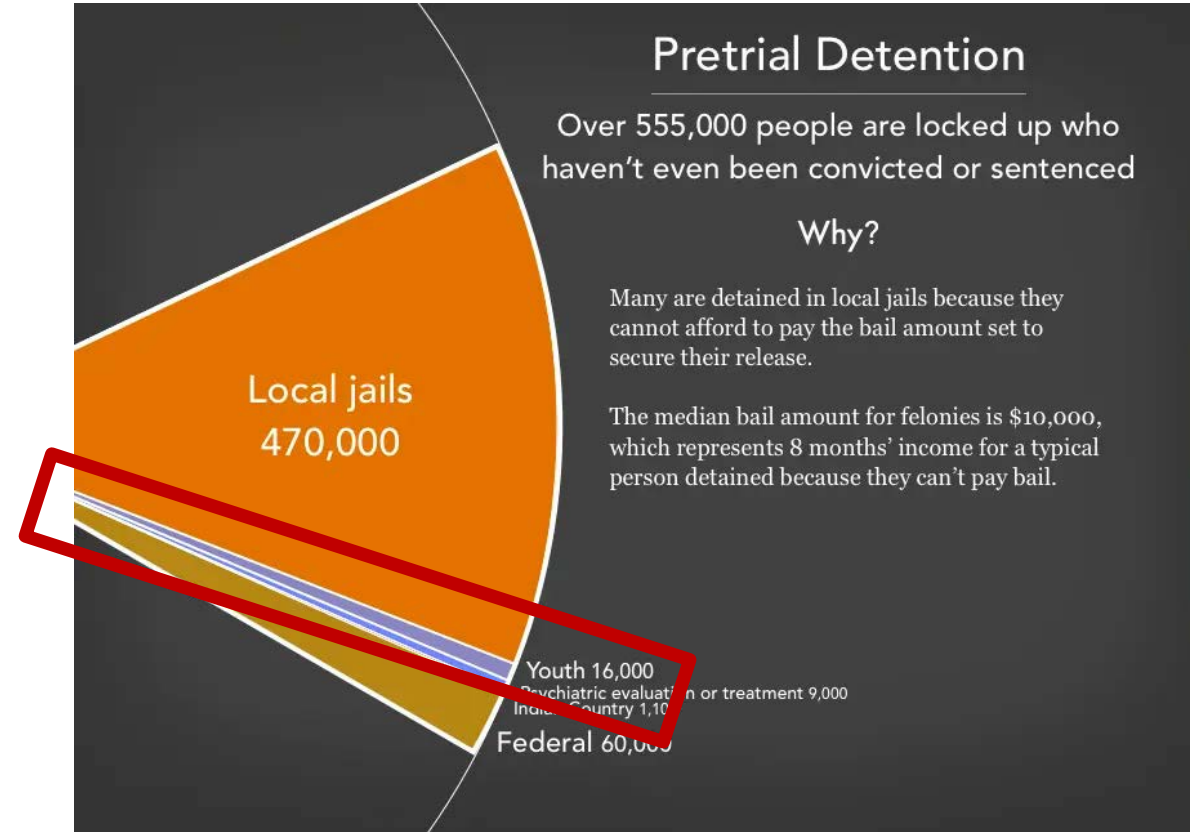


PRISON
POLICY INITIATIVE

Compiled from 2010 Census, Summary File 1.

[Prison Policy Institute](#), 2020

U.S. Juvenile Justice System



U.S. justice system and mental illness

- Do you think there are more people diagnosed with mental illness in psychiatric hospitals or jails/prisons?
- **Jails/prisons are now the de facto psychiatric institutions in the United States**

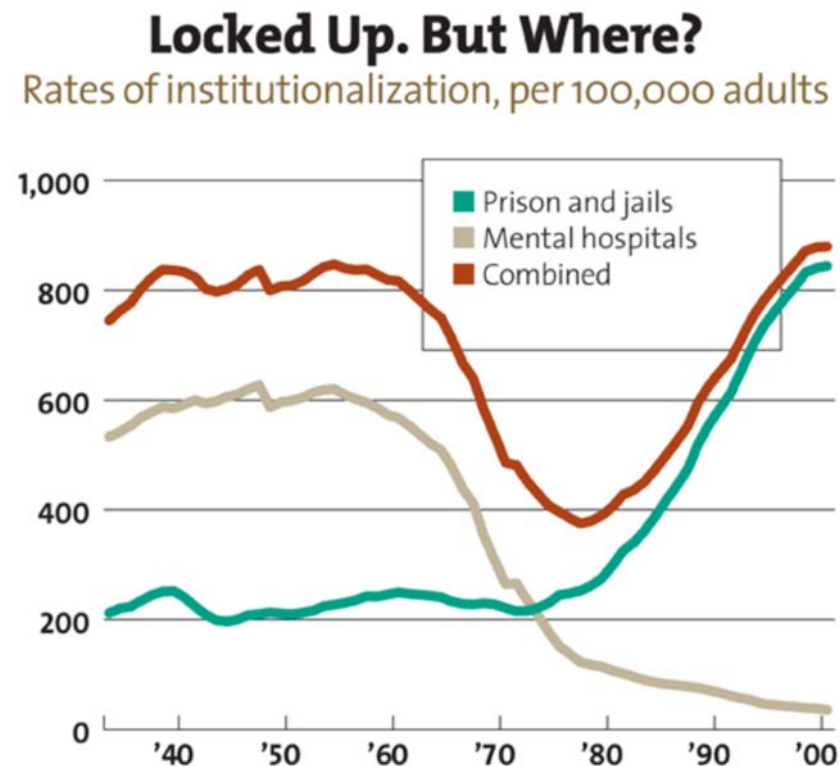


More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States

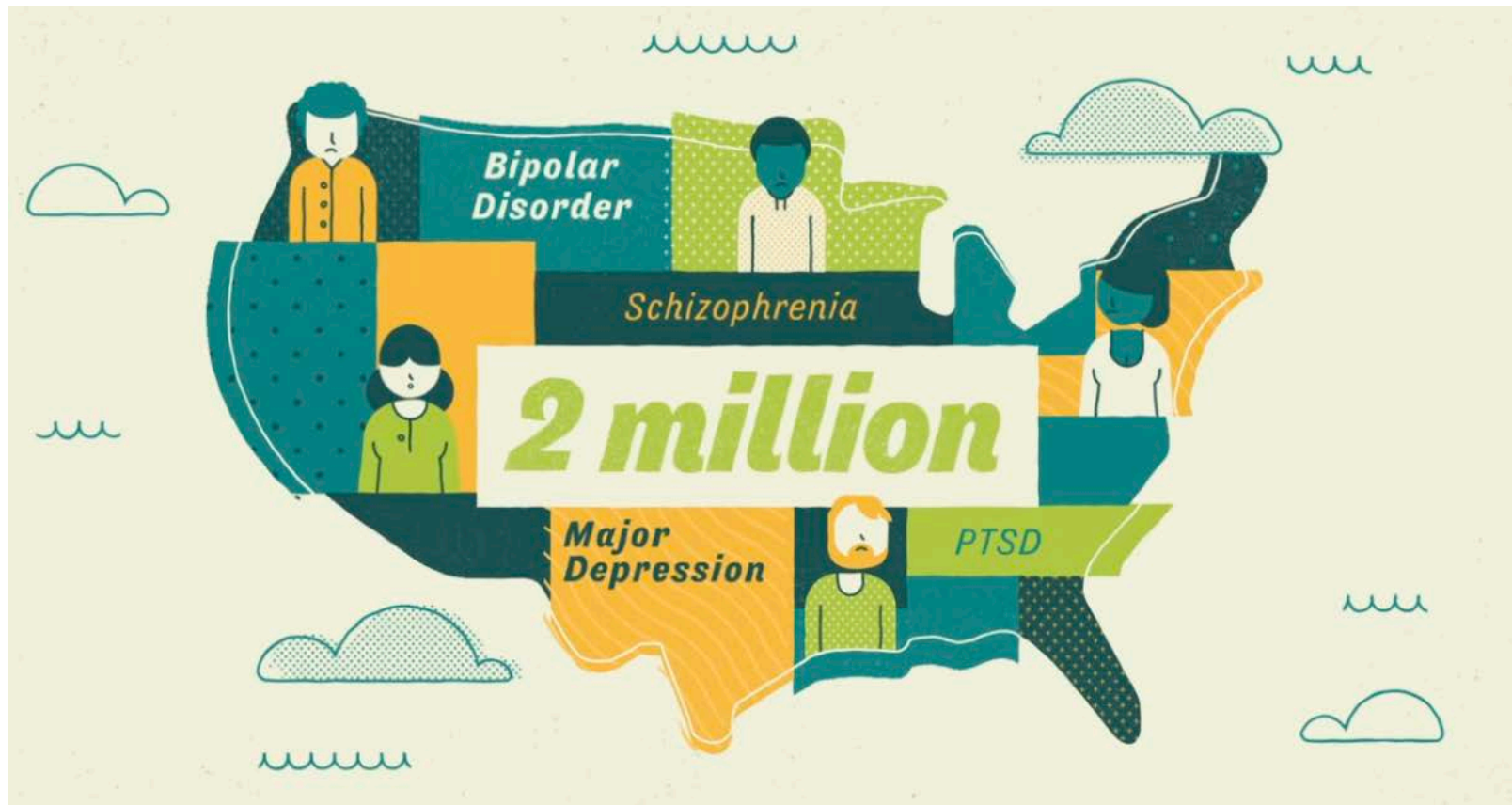
[Torrey et al. \(2010\)](#)

U.S. justice system and mental illness (cont.d)

- > 50% of state prisoners, nearly 50% of all federal prisoners, and approximately 65% of jail inmates meet criteria for a mental disorder (James & Glaze, 2006)
- Between 10 and 30% of incarcerated adults in the United States have a diagnosable *severe mental illness (SMI)* (generally defined as including schizophrenia-spectrum disorders, bipolar disorder, and treatment-resistant major depressive disorder) (Fontanarosa, Uhl, Oyesanmi, & Schoelles, 2013; Prins, 2014; Steadman, Osher, Clark Robbins, Case, & Samuels, 2009).
- Given that roughly 25% of the general US population meets criteria for mental illness (Kessler, Chiu, Demler, & Walters, 2005) and 6% meet criteria for SMI (Substance Abuse and Mental Health Services Administration, 2010), these estimates suggest that mental disorders and SMI are overrepresented in the criminal justice system.



[The Marshall Project, 2016](#)



[Stepping Up Initiative, 2015](#)

History: what happened?

A few causes are likely:

- *De-institutionalization* (cultural changes, treatment developments, sociopolitical shifts)
 - “trans-institutionalization” (Prins, 2011)
- *US’ “war on drugs” and subsequent mass incarceration*
 - + criminological risk factors that may affect all people of lower SES (Fisher, Silver, & Wolff, 2006)

Adm Policy Ment Health & Ment Health Serv Res (2006) 33:544–557
DOI 10.1007/s10488-006-0072-0

ORIGINAL PAPER

Beyond Criminalization: Toward a Criminologically Informed Framework for Mental Health Policy and Services Research

William H. Fisher · Eric Silver · Nancy Wolff

Brief Report | Published: 08 June 2011

Does Transinstitutionalization Explain the Overrepresentation of People with Serious Mental Illnesses in the Criminal Justice System?

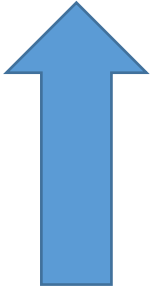
[Seth J. Prins](#) ✉

[Community Mental Health Journal](#) 47, 716–722(2011) | [Cite this article](#)

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Psychosis and violence

- 
- Stigma toward psychosis is on the rise in the United States
 - 60% of the public sees a person diagnosed with schizophrenia as *dangerous* toward others
 - Many support coercive treatment
 - What is the reality? (~10%)
 - **Important caveats (DeLuca & Yanos, 2018; Peterson et al., 2014; Skeem et al., 2015; Witt et al., 2013)**
 - **Much more likely to be victims**

PUBLIC OPINION

By Bernice A. Pescosolido, Bianca Manago, and John Monahan

Evolving Public Views On The Likelihood Of Violence From People With Mental Illness: Stigma And Its Consequences

Empirical Article

Psychosis Uncommonly and Inconsistently Precedes Violence Among High-Risk Individuals

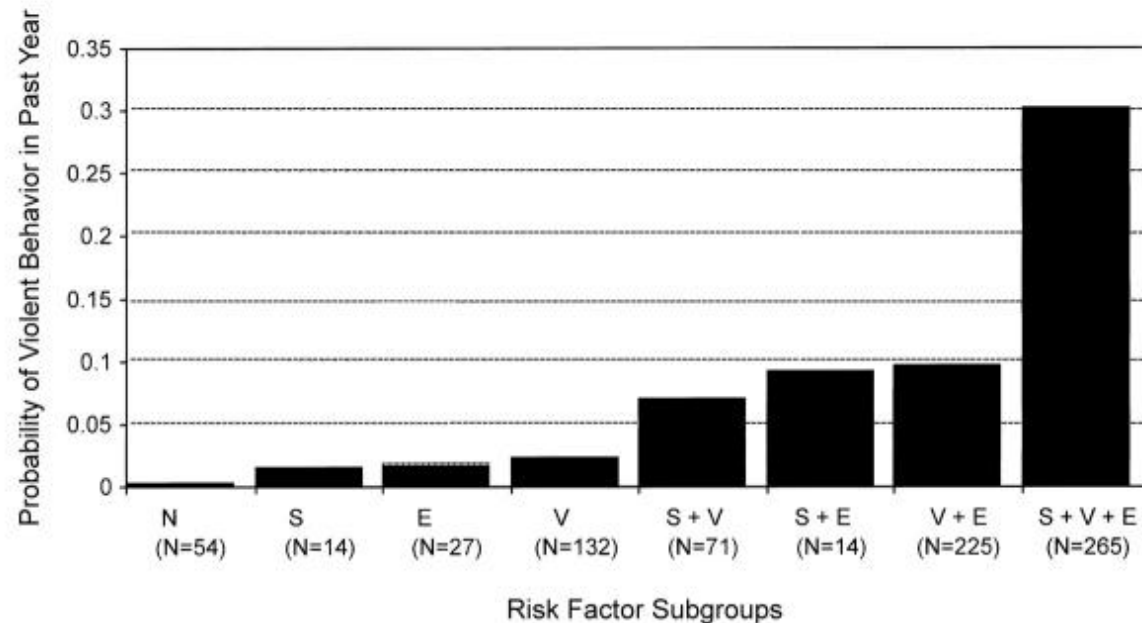
Jennifer Skeem¹, Patrick Kennealy², John Monahan³, Jillian Peterson⁴, and Paul Appelbaum⁵

¹University of California, Berkeley; ²Travis County Community Supervision and Corrections; ³University of Virginia; ⁴Metropolitan State University; and ⁵Columbia University

Psychosis and violence (cont.d)

Swanson et al. (2002, p.1528)

Individuals with SMI with no history of victimization, no exposure to neighborhood violence, and were not abusing drugs had annual rates of violence consistent with general population (about 2%)



Psychosis and violence (cont.d)

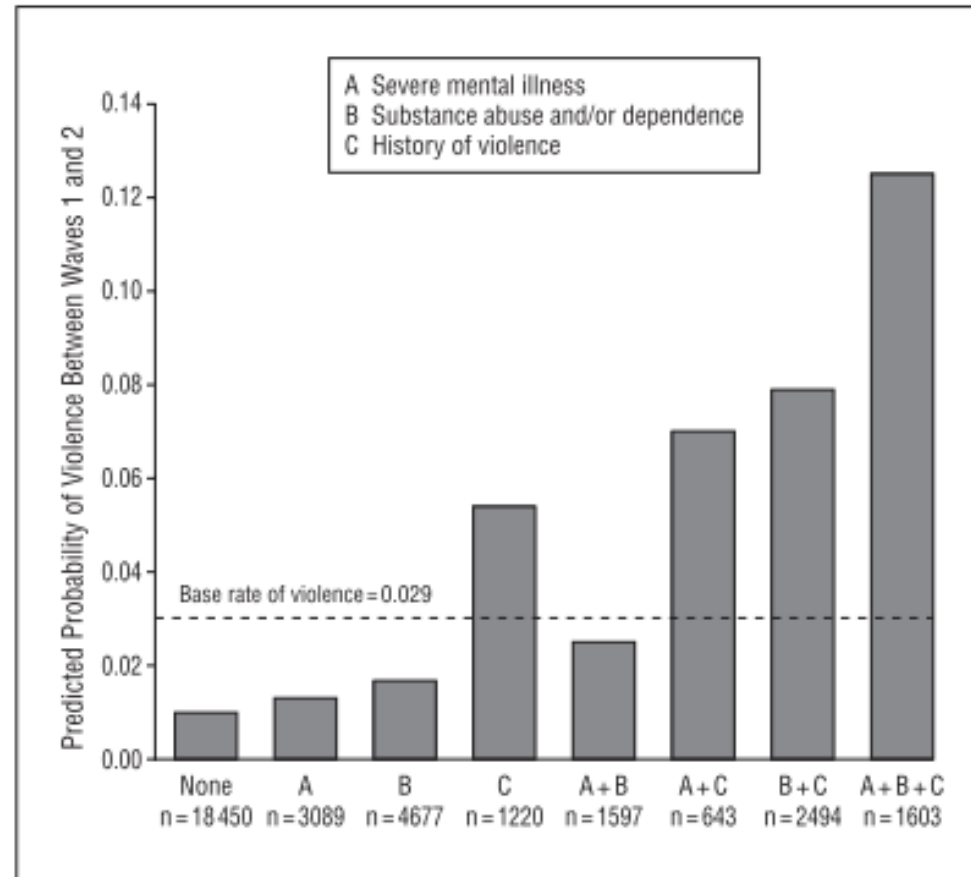


Figure. Predicted probability of any violent behavior between waves 1 and 2 as a function of severe mental illness, substance abuse and/or dependence, and history of violence.

Elbogen and Johnson (2009)

Psychosis and violence (cont.d)

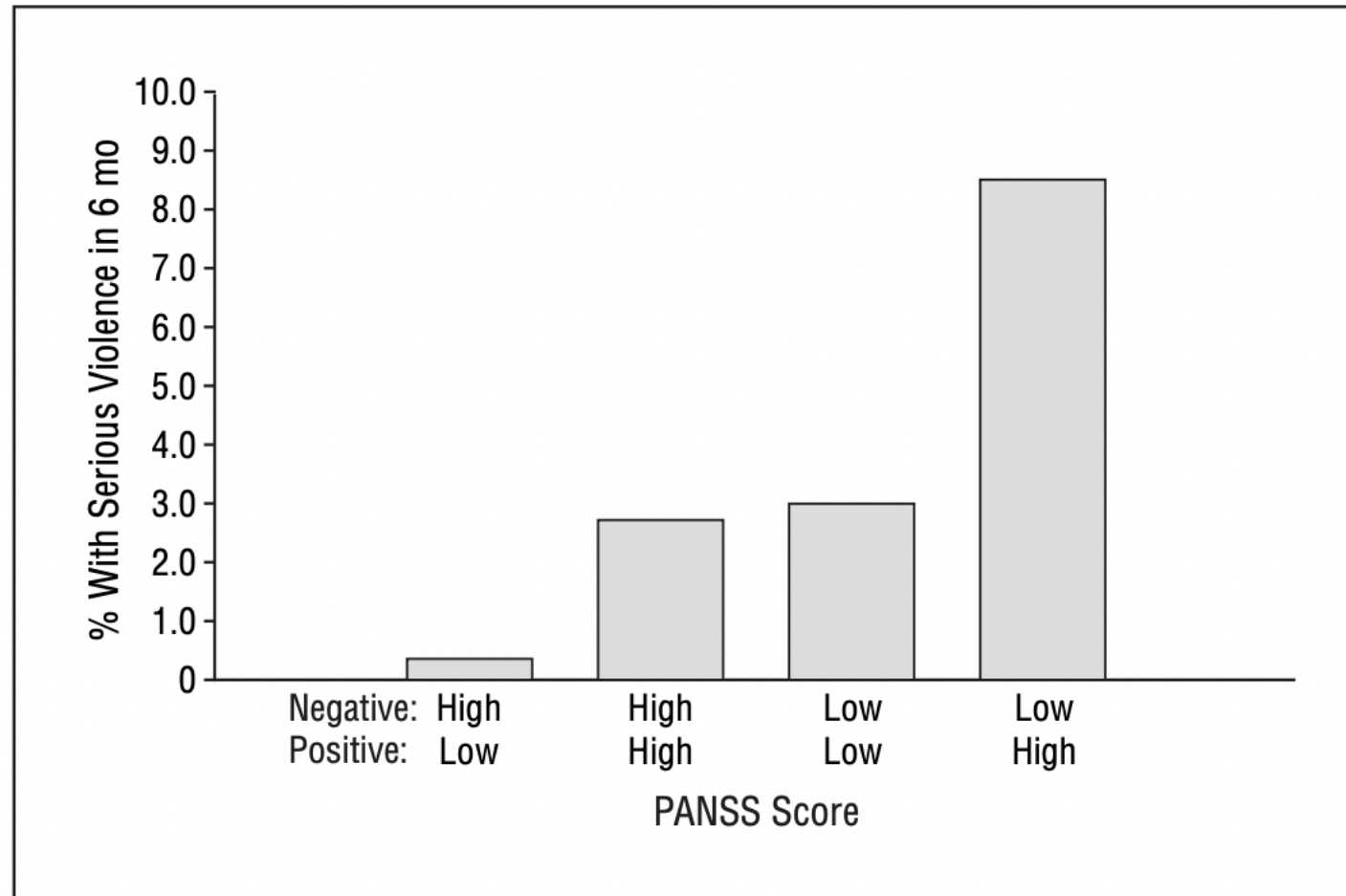


Figure. Serious violent behavior and Positive and Negative Syndrome Scale (PANSS) scores. Violent behavior is defined as behavior that causes bodily injury or the use of a lethal weapon to harm another person.

Swanson et al. (2006)

Early-stage psychosis and the justice system



Schizophrenia Research

Volume 125, Issues 2–3, February 2011, Pages 209–220



Review


Violence in first-episode psychosis: A systematic review and meta-analysis

Matthew M. Large ^{a, b}, Olav Nielssen ^{c, d}  

Associations Between Childhood and Adolescence Adversity and Risk for Arrest Among Patients With First-Episode Psychosis

Leah G. Pope, Ph.D., Oluwatoyin Ashekun, M.P.H., Adria Zern, M.P.H., Mary E. Kelley, Ph.D., Michael T. Compton, M.D., M.P.H.

Recent violence and legal involvement among young adults with early psychosis enrolled in Coordinated Specialty Care

Stephanie A. Rolin ^{1,2}  | Leslie A. Marino ^{1,2} | Leah G. Pope ³ | Michael T. Compton ^{1,2} | Rufina J. Lee ⁴ | Barry Rosenfeld ⁵ | Merrill Rotter ⁶ | Ilana Nossel ^{1,2} | Lisa Dixon ^{1,2}

Published: 26 July 2017

A Longitudinal Study of Violent Behavior in a Psychosis-Risk Cohort

Gary Brucato, Paul S Appelbaum, Jeffrey A Lieberman, Melanie M Wall, Tianshu Feng, Michael D Masucci, Rebecca Altschuler & Ragy R Girgis 

Neuropsychopharmacology 43, 264–271(2018) | [Cite this article](#)

832 Accesses | 11 Citations | 61 Altmetric | [Metrics](#)

Early-stage psychosis and the justice system (cont.d)

- Risk factors:
 - Lower levels of formal education
 - Unemployment
 - Substance use (alcohol, cannabis, other drugs)
 - Male gender
 - Forensic history
 - Hostile affect
 - Violent behavior and ideation
 - Symptoms of mania
 - Younger age
 - Longer duration of untreated psychosis
 - History of trauma and adversity
 - Total symptom scores (see also Coid et al., 2013)

Early-stage psychosis and the justice system (cont.d)

- Study of 373 in NYC (9% had legal involvement) (Rolin et al., 2017)
- Study of 191 in Atlanta/DC (13% incarcerated during prodrome, 37% incarcerated during DUP) (Ramsay Wan et al., 2014)
- Study of 786 in Australia (29% had “offending behavior”) (Marion-Veyron et al., 2015)
- Meta-analysis of 9 studies: committing any violence, serious violence, and severe violence were 34.5%, 16.6% and 0.6%, respectively (Large & Nielssen, 2011).

Early-stage psychosis and the justice system (cont.d)

- “Adolescents in detention and correctional facilities were about 10 times more likely to suffer from psychosis than the general adolescent population” (Fazel et al., 2008)
- Criminal justice system involvement leads to worse outcomes (Ramsay Wan et al., 2014)
- “Thus, although available evidence suggests that patients with a first episode of psychosis are unlikely to cause others serious physical harm, consistently measured associations with milder aggression validate the need for preventive efforts” (Wasser et al., 2017)

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First-Episode Psychosis and the Criminal Justice System: Using a Sequential Intercept Framework to Highlight Risks and Opportunities

Tobias Wasser, M.D., Jessica Pollard, Ph.D., Deborah Fisk, L.C.S.W., Ph.D., Vinod Srihari, M.D.

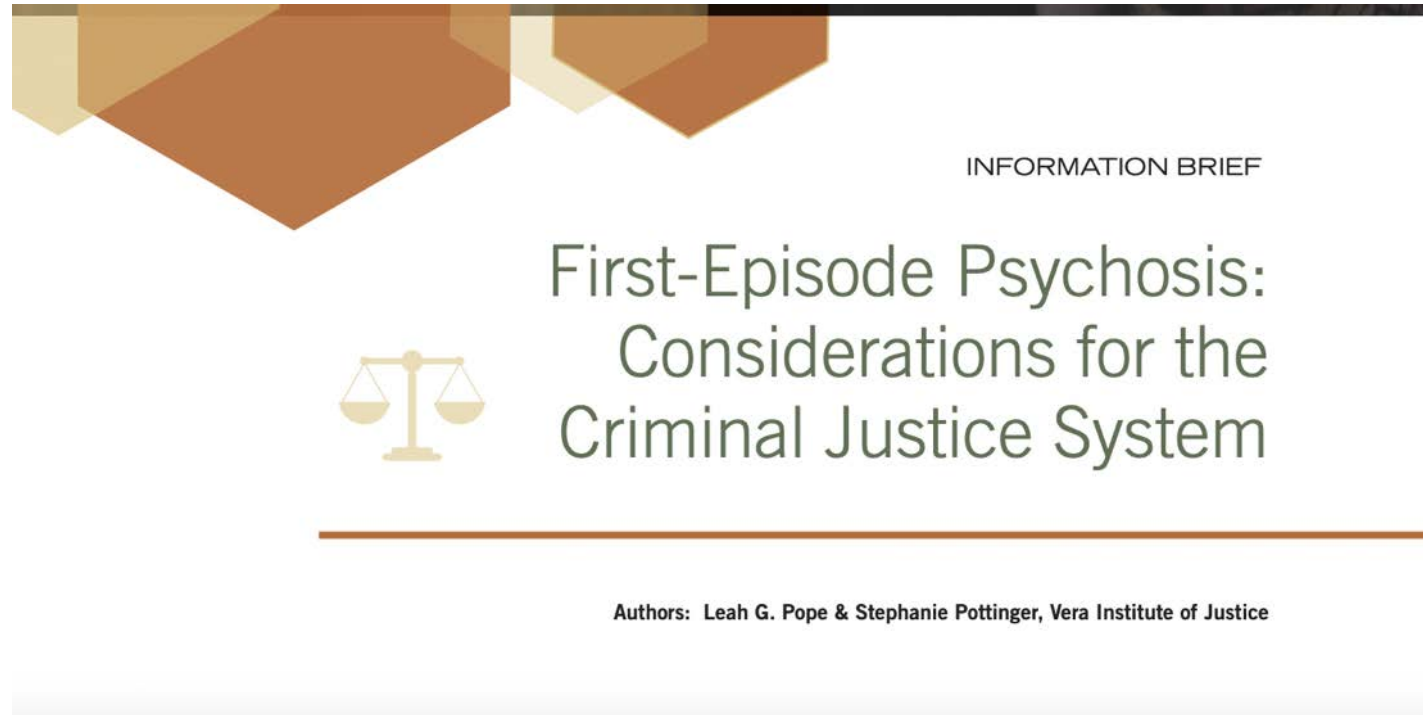
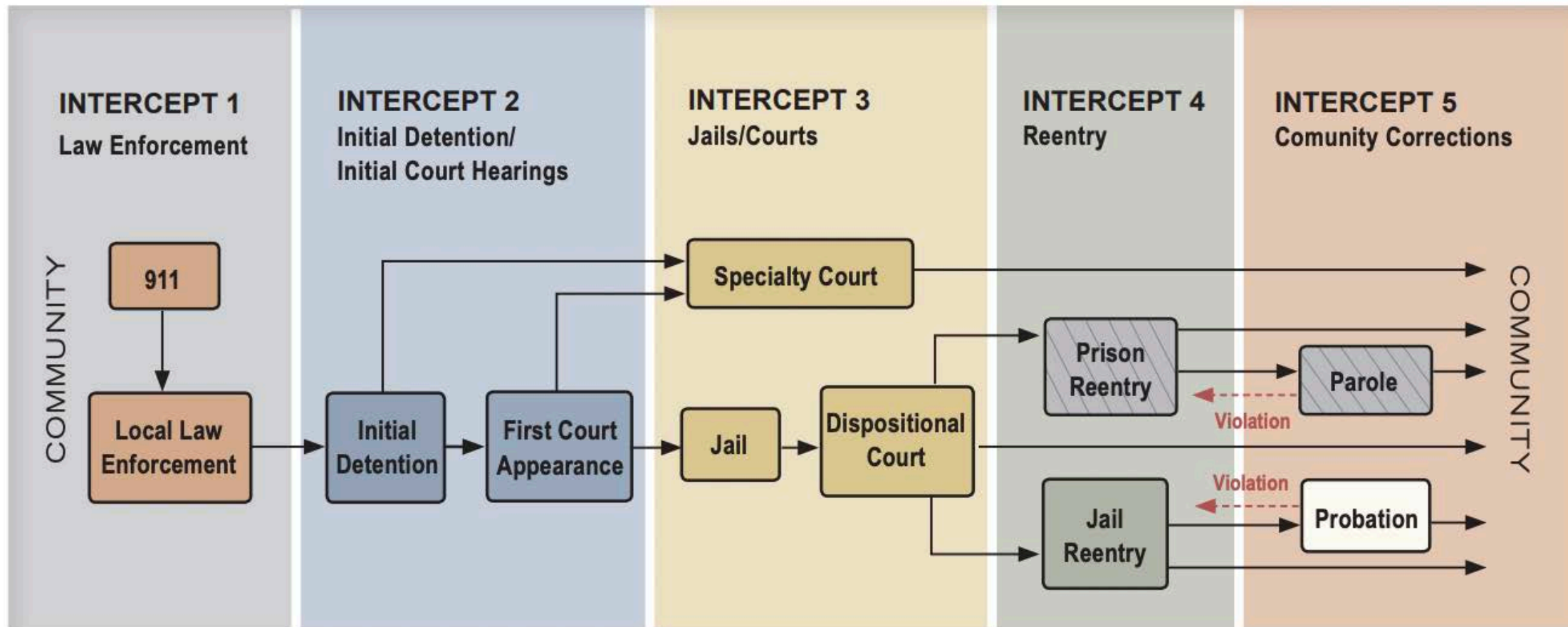
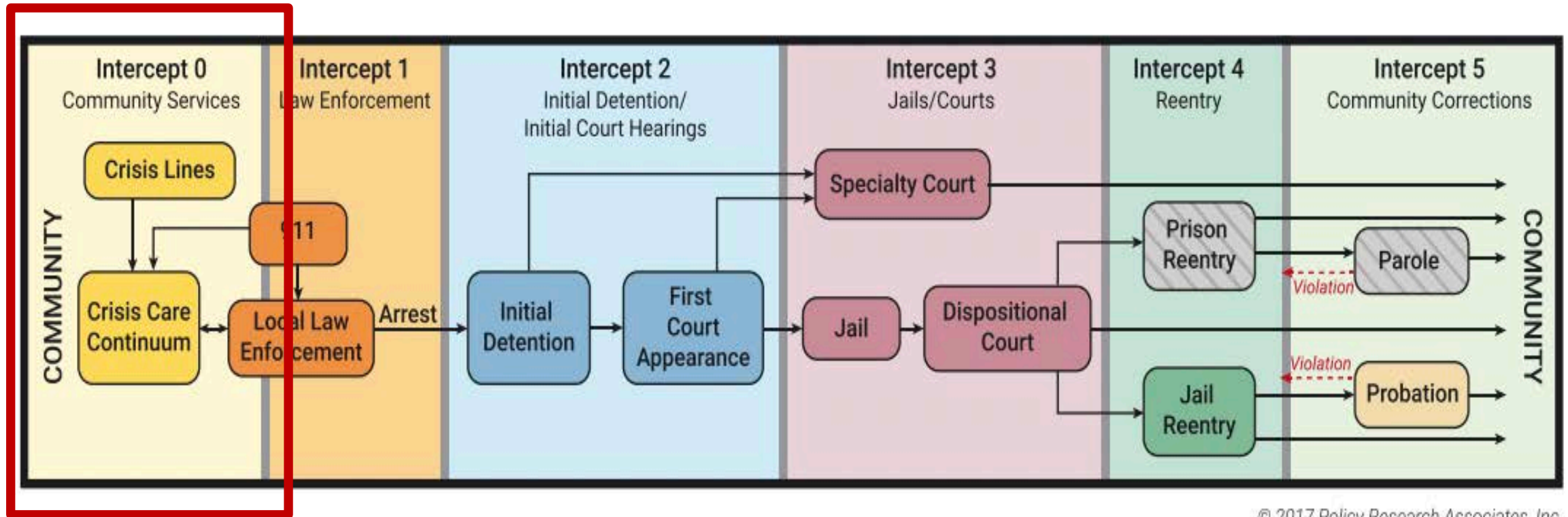


Figure 1. The Sequential Intercept Model



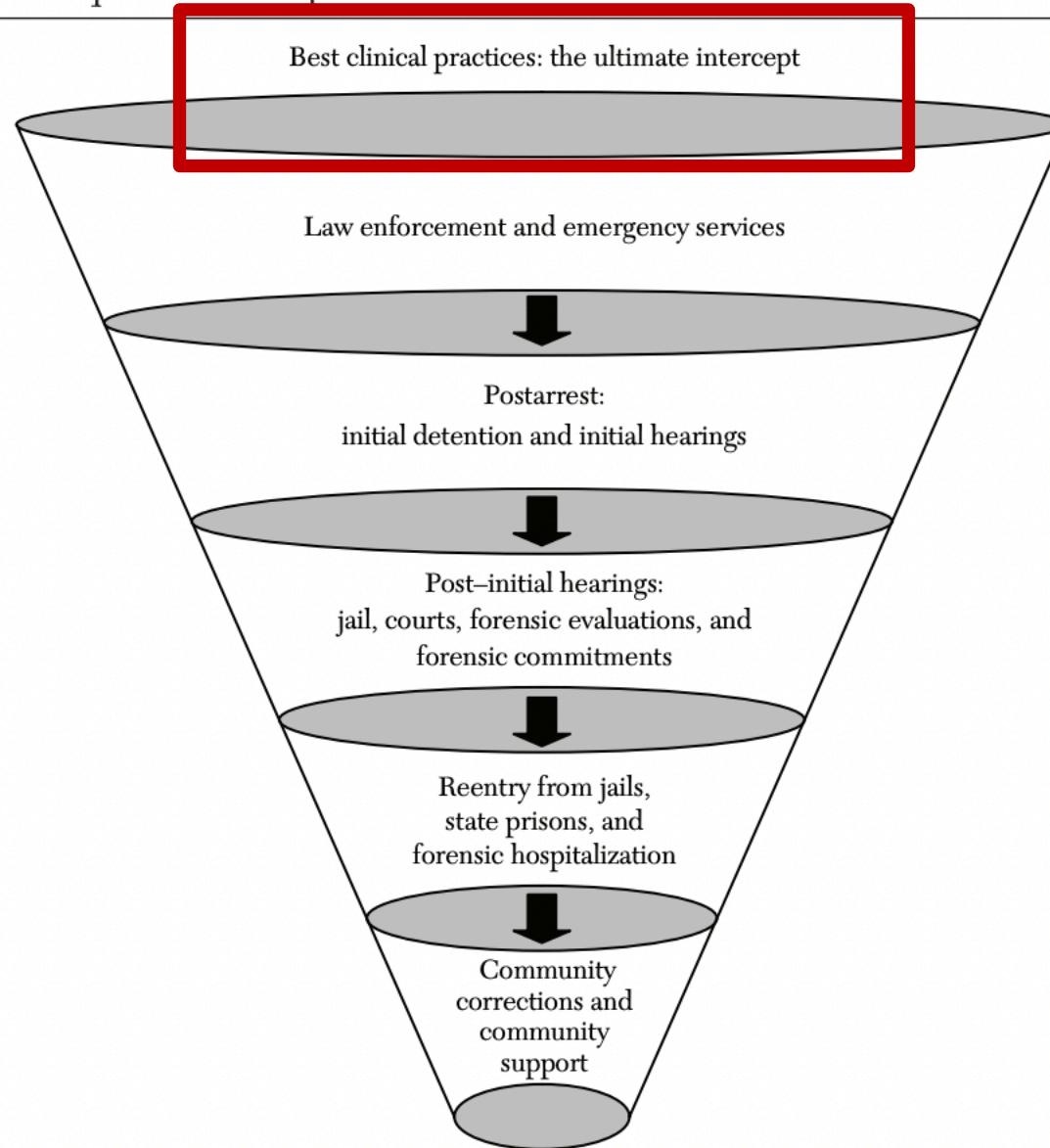
Sequential Intercept Model: A new vision



© 2017 Policy Research Associates, Inc.

Figure 1

The Sequential Intercept Model viewed as a series of filters

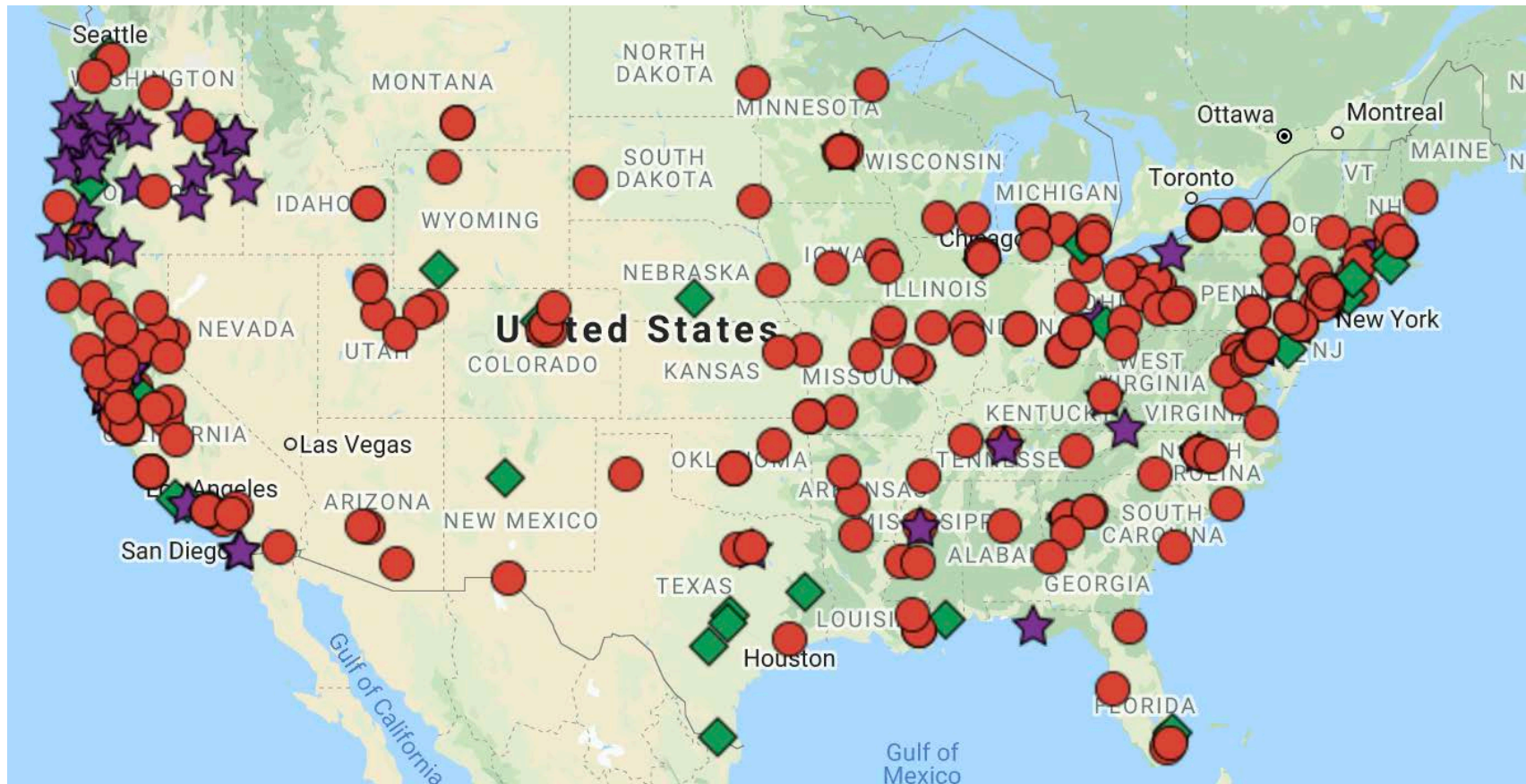


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Prevention

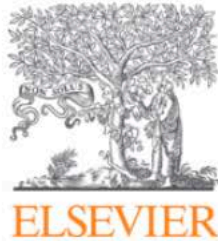
- Best clinical practices in community MH care (“ultimate intercept”)
- Early-stage psychosis detection and specialized services
 - [Early Assessment and Support Alliance \(EASA\)](#)



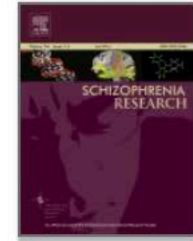
Coordinated Specialty Care



Prevention (cont.d)



Schizophrenia Research
Volume 156, Issues 2–3, July 2014, Pages 272-276



Treatment and violent behavior in persons with first episode psychosis during a 10-year prospective follow-up study

Prevention (cont.d)

- Community outreach and awareness
- Crisis lines/crisis care (Intercept 0)
- Continuing education and training to improve existing services, e.g.,
 - Community providers (outpx and inpx)
 - School professionals

ORIGINAL ARTICLE

Psychosis screening practices in schools: A survey of school-based mental health providers

Emily R. Kline  | Cole Chokran | Janine Rodenhiser-Hill | Larry J. Seidman | Kristen A. Woodberry

Supporting Students Experiencing Early Psychosis in Middle School and High School

Jason Schiffman, Ph.D.
Professor and Director of Clinical Training, UMBC

Sharon Hoover, Ph.D.
Co-Director, Center for School Mental Health, UM SoM

August 21, 2018

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Figure 1. The Sequential Intercept Model

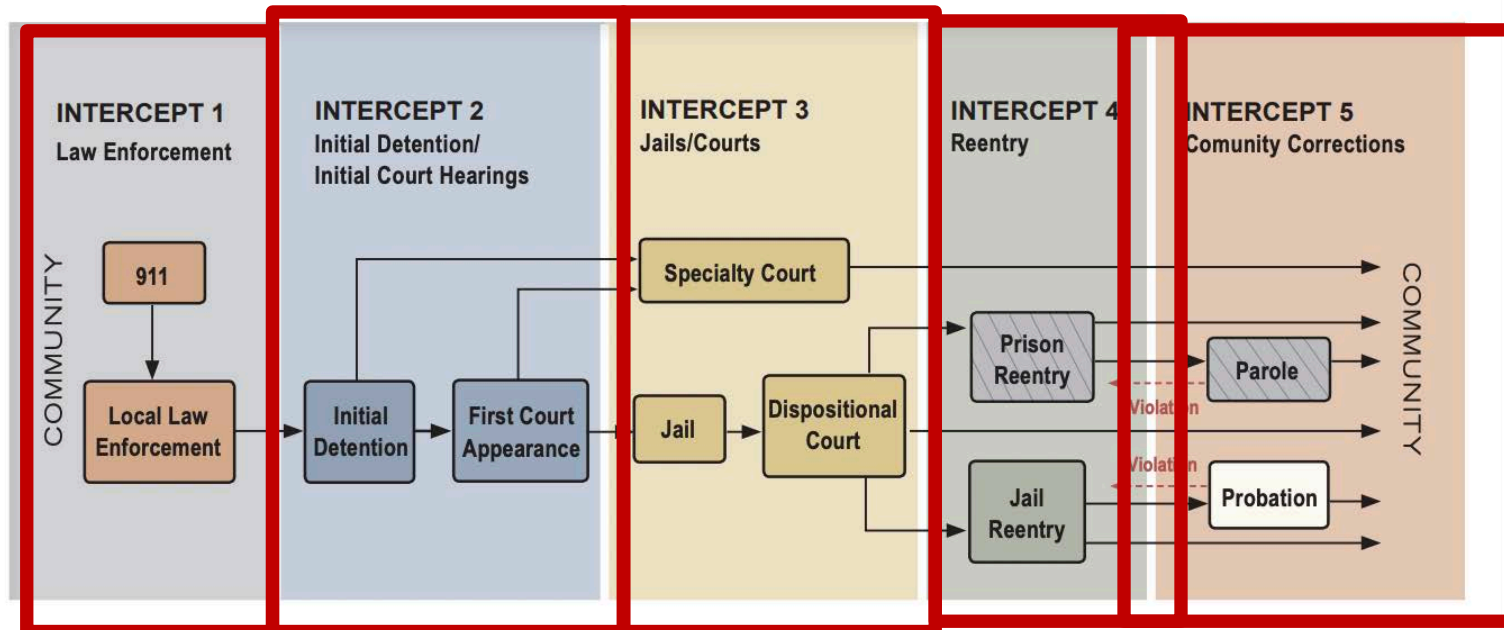


TABLE 1. Points of interception along the sequential intercept model

Intercept point	Examples
Initial police contact (prebooking diversion)	Mobile crisis clinicians, crisis intervention teams
Postarrest initial detention and hearings	Mental health jail diversion programs
After initial hearings (jails, courts, forensic evaluations)	Specialized courts (mental health courts, drug courts), evaluations for competency to stand trial
Community reentry after incarceration	Mental health "in-reach" programs into correctional settings
Community corrections and support	Specialized mental health probation and parole programs

Intercept 1 (911/law enforcement)

- 988 legislation
- Mobile Crisis Response Services
- Crisis Intervention Teams (CIT)
- Etc.



HARLEM

NYC to Test No-Police Mental Health Crisis Response in Harlem

The new test program will dispatch teams of two Fire Department EMTs and one social worker each

By **Jennifer Peltz** • Published February 22, 2021 • Updated on February 23, 2021 at 2:10 am



HELP
Not Handcuffs

Intercept 2 (initial detention/pre-arraignment)

Manhattan Enhanced Pre-Arrest Screening Unit

The Enhanced Pre-Arrest Screening Unit (EPASU) pilot launched in Manhattan Criminal Court in May 2015 after a 12-month planning process led by the NYC Health + Hospitals' Division of Correctional Health Services and the Vera Institute of Justice. The EPASU was designed to accomplish three goals:

1. Increase Manhattan's capacity to deliver medical care to people moving through the arrest-to-arraignment process;
2. Improve coordination of health services between correctional and community healthcare providers; and
3. Bolster diversion efforts for people with behavioral health conditions.

Pope et al. – “First-Episode Psychosis: Considerations for the Criminal Justice System”

Intercept 3 (jail/specialty courts)

Reducing Duration of Untreated Psychosis through Early Detection in a Large Jail System

Compton, Michael T.

Columbia University (N.Y.), New York, NY, United States

Intercept 4 (reentry)

PERSPECTIVES

First-Episode Psychosis in the Criminal Justice System

Identifying a Critical Intercept for Early Intervention

Ford, Elizabeth MD [Author Information](#) 

Intercept 5 (community corrections)

- Early detection information campaigns
- Partnerships between early-stage psychosis programs and criminal justice agencies
- Acknowledge impact of stigmatized identities

Forensic psychiatric experiences, stigma, and self-concept: a mixed-methods study

Michelle L. West, Abby L. Mulay, Joseph S. DeLuca, Keira O'Donovan & Philip T. Yanos

Pope et al. – “First-Episode Psychosis: Considerations for the Criminal Justice System”

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Summary

- Early-stage psychosis is under-detected and undertreated.
- People diagnosed with mental illness are overrepresented in the justice system.
 - People in the early stages of psychosis are particularly vulnerable.
- The Sequential Intercept Model can help guide initiatives.
- Various prevention + intervention strategies exist and are being actively researched and implemented.

Evaluation Information

As part of receiving funding through SAMHSA to provide this training, the Central East MHTTC is required to submit data related to the quality of this event. At the end of today's presentation, please take a moment to complete a brief survey about today's training.

References I

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Questions



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