

Working with Dual Diagnosed Individuals: Accountability Courts and Mental Health

NAMI GEORGIA

SENIOR JUDGE JAMES CHAFIN
EXECUTIVE DIRECTOR KIM H. JONES

Overview

- ▶ Geared towards accountability courts that work with dual diagnosed individuals, this advanced level talk is designed for judges, lawyers, treatment professionals, law enforcement, case managers and coordinators who work directly with clients on a daily basis.
 - ▶ Introduction to NAMI
 - ▶ Mental Health Basics
 - ▶ Accountability Courts and Mental Health
 - ▶ Other State Resources
 - ▶ What's Next?

Introduction to NAMI



National Alliance on Mental Illness

nami | Georgia

What is NAMI

- ▶ Nation's largest grassroots mental health organization.
- ▶ Dedicated to building better lives for the millions of Americans affected by mental illness.
- ▶ What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health.

VISION: A Georgia where all affected by mental illness find **Hope, Help and Acceptance.**

MISSION: To empower NAMI affiliates to create communities where all effected by mental illness find Hope, Help and Acceptance through **Support, Education and Advocacy.**

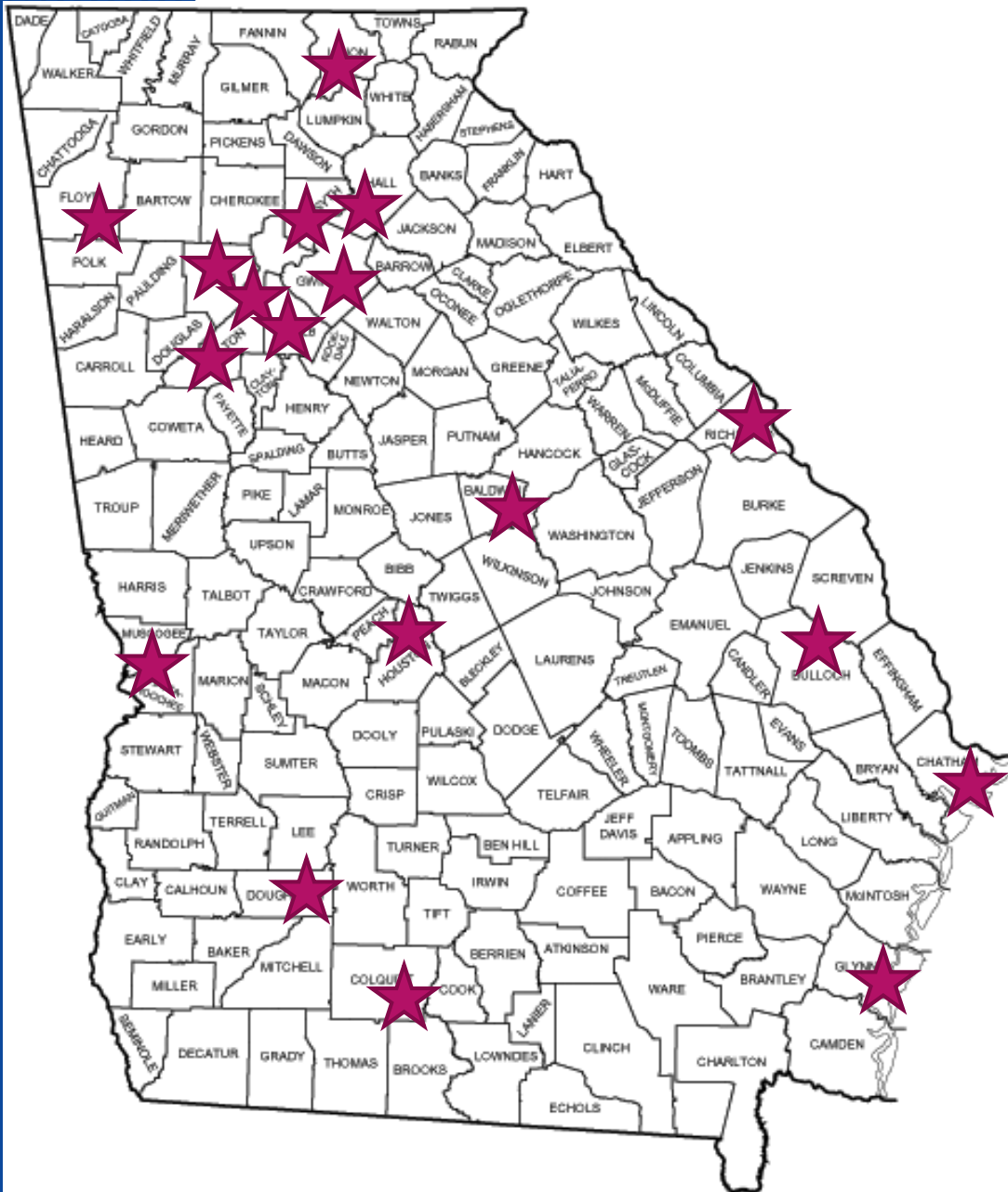
What Do We Do

- ▶ **We educate.** Our education programs ensure hundreds of thousands of families, individuals and educators get the support and information they need.
- ▶ **We advocate.** NAMI shapes national and state public policy for people with mental illness and their families at state and local levels.
- ▶ **We listen.** Our toll-free NAMI HelpLine allows us to respond personally to hundreds of thousands of requests each year, providing free referral, information and support—a much-needed lifeline for many.
- ▶ **We lead.** Through public awareness events and activities, NAMI works to decrease stigma and to make sure our country understands how important mental health is.



Under the NAMI Umbrella

- ▶ Individuals
- ▶ Family
- ▶ Professionals
- ▶ Community



- ▶ 18 NAMI Affiliates statewide ★
- ▶ Many affiliates have their own websites with local resource guides
- ▶ NAMI resources online:
<https://namiga.org/community-resources/>



Georgia

NAMI By the Numbers
(May 1, 2018 - April 30, 2019)



JOIN THE CONVERSATION

www.namiga.org • 770-234-0855 • NAMI Georgia Helpline 770-408-0625

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Education

- ▶ NAMI Basics
- ▶ NAMI Family to Family
- ▶ NAMI Peer to Peer
- ▶ NAMI Homefront
- ▶ NAMI Smarts
- ▶ Crisis Intervention Teams (CIT)-Youth
- ▶ Youth in Crisis
- ▶ Introduction to Behavioral Health and Addictive Diseases

Support



- ▶ NAMI Connection Support Group
- ▶ NAMI Family Support Group
- ▶ NAMI Resource & Helpline



Advocacy & Outreach

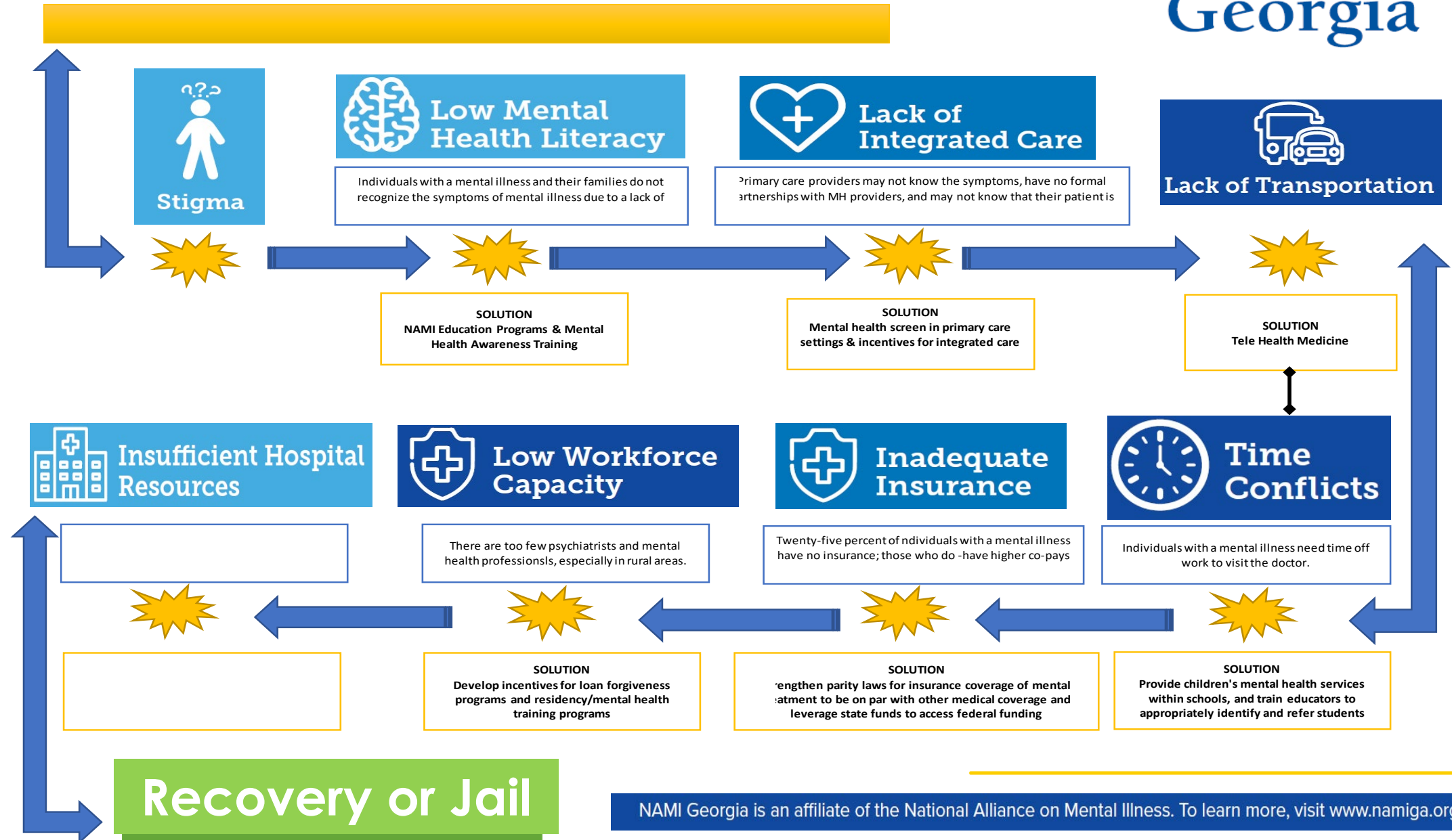
- ▶ NAMI Smarts
- ▶ NAMI Ending the Silence
- ▶ NAMI In Our Own Voice
- ▶ NAMIWalks



Mental Health Basics

Barriers to Mental Health Treatment

On average there is an 8-10 year delay between the first appearance of symptoms and intervention. Why does it take so long? Here are some barriers that can lead to treatment delay, matched with possible solutions.



MENTAL HEALTH and YOUTH

13%

OF CHILDREN
ages 8-15 experience a
mental health
condition

50%

OF CHILDREN
ages 8-15 experiencing a
mental health condition
don't receive treatment

13-20%

OF CHILDREN
living in the U.S.



(1 out of 5 children)
experience a mental
health condition in
a given year

17%

OF HIGH SCHOOL
STUDENTS
seriously consider
suicide

1/2

OF ALL LIFETIME CASES
of mental illness begin
by age

14

Despite effective treatments there are long delays—sometimes
decades—between onset of symptoms and treatment

Source: National Institute of Mental Health and
Centers for Disease Control and Prevention



Why it **MATTERS**

Approximately

50%

OF STUDENTS AGES 14 +
with a mental health condition
drop out of high school

Over

90%

OF YOUTH WHO DIE BY SUICIDE
had one or more mental
health conditions

50-75%

**OF YOUTH IN JUVENILE
JUSTICE SYSTEMS**
experience a mental health condition

SUICIDE IS THE 2ND LEADING CAUSE
of death for people ages

15-24

Mental Health: Continuum



Mental health exists on a continuum



No symptoms
ever experienced

Infrequent symptoms
that don't interfere
with functioning

Frequent symptoms
that don't interfere
with functioning

Frequent symptoms
that are clinically
impairing

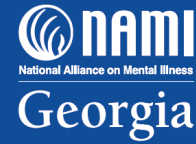
Clinical impairment

Symptoms interfere with areas of functioning
(e.g., school, work, relationships, leisure)

Distressing to the person experiencing them



How Georgia Stacks Up in Mental Healthcare Access



Unmet Need

Georgia ranks 27th — Over 20% or 1 in 5 with mental illness are unable to access treatment.



Untreated Mental Illness

Georgia ranks 42nd- 59% of adults with mental illness received no care in 2018.



Overall Access

Georgia ranks 44th in overall access to mental healthcare.



Cost

Georgia ranks 46th — 32% of Georgians with a disability did not see a doctor due to cost in 2018.



Uninsured Adults

Georgia ranks 47th — 18.5% of adults with mental illness do not have health insurance.



Workforce Capacity

Georgia ranks 48th — with only one mental health provider for every 830 Georgia residents.



Data from Mental Health America, 2018.

Dual Diagnosis

- ▶ As intuitive as the term “dual diagnosis” may seem, it actually doesn’t mean having two mental health conditions. Dual diagnosis (also referred to as a co-occurring disorder) is a term used when someone experiences a mental illness and a substance use disorder simultaneously. Therefore, “dual diagnosis” *itself* is not a diagnosis, but rather a specific combination of diagnoses (NAMI.org, 2019)

Dual Diagnosis

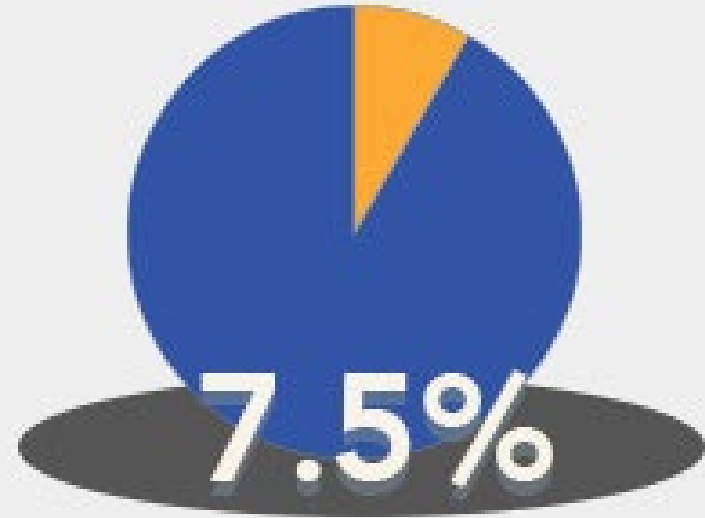
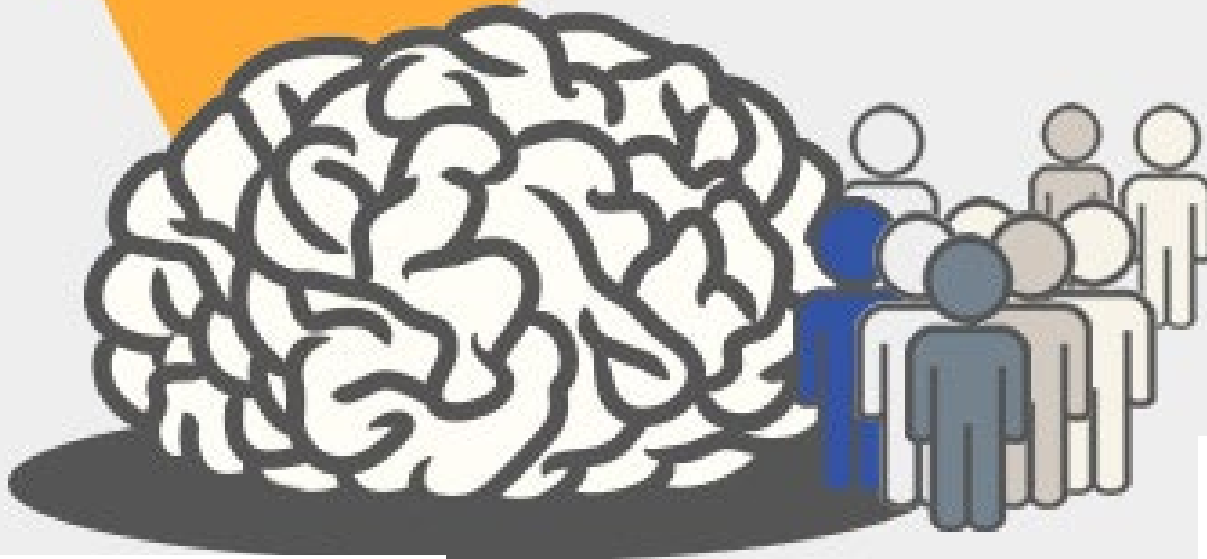
- ▶ Though the symptoms of one disorder may predate the other, both disorders tend to exacerbate one another, making it impossible to extricate the symptoms caused by one disorder from the other. For example, those who attempt to escape symptoms of depression associated with a mood or personality disorder by taking prescription painkillers or doing other drugs will quickly find that though this may be effective the first few times.
- ▶ In addition to the symptoms of mental illness, it is likely that they will soon be struggling with:
 - ▶ Cravings for their drug of choice
 - ▶ A tolerance to their drug of choice, requiring higher and higher doses
 - ▶ Increased episodes of mental health symptoms
 - ▶ More intensive or longer-lasting mental health symptoms
 - ▶ Experience of withdrawal symptoms
 - ▶ Addiction

Co-Occurring Disorders

8.9

Million Americans

Living with a co-occurring disorder



Only 7.5% enroll in a treatment program

SAMHSA

Substance Abuse Rate

17.3

Alcoholism

million Americans

6.9

Drug Abuse



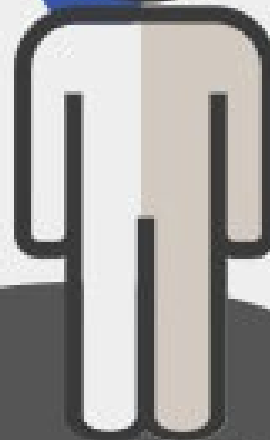
Personality Disorders

- Antisocial
- Borderline
- Narcissistic
- Avoidant



US
Population
Diagnosed

9%



Only
39%

people
living with a
personality
disorder
that get
treatment

NIMH

Treatment

- ▶ For the purposes of treatment, it is recommended that clients receive intensive medical and therapeutic intervention and care for both disorders at the same time. This allows them to manage the symptoms caused by the mental health disorder without abusing drugs and alcohol and worsening those symptoms — or allowing an untreated mental health disorder to increase the urge to drink or get high.

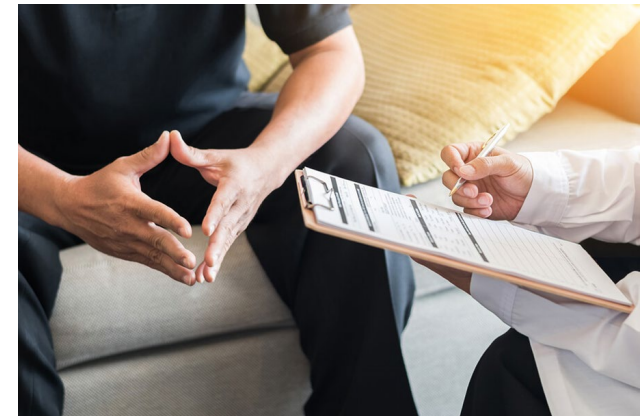
Medications

- ▶ Depending upon the specific mental health disorder, the symptoms experienced by the client, the underlying medical conditions, and coexisting drug or alcohol use, medications may play a role in treatment. However, they are not always appropriate in every case, and when they are, it can take some time to dial in the right dose and combination of medications to effectively assist the client in managing symptoms related to detox, addiction, and mental wellness. Some medications that are commonly used to treat dependence upon drugs or alcohol and/or symptoms caused by a mental health disorder include:
- ▶ **Stimulant medications**
- ▶ **Opiate medications**
- ▶ **Sedative medications**
- ▶ **Antidepressant medications**
- ▶ **Antipsychotic medications**
- ▶ **Mood stabilizers**
- ▶ **Beta-blockers**



Therapies

- ▶ For each person in recovery from two or more mental health disorders including substance abuse, a range of therapeutic interventions may be appropriate. Therapy may be applied in a one-on-one setting or in a group forum, and it is generally advised that each patient takes advantage of a unique mix of types and styles. Some therapies are brief and designed to be completed within a specified number of sessions. Others are goal-oriented, based on a specific area that needs improvement, and end when that goal is accomplished. Still others are open-ended and allow clients to attend once or more per week as needed. They are client-driven or group-driven and focus on the acute issues facing those involved. Some common therapies used to treat co-occurring disorders include:
 - ▶ **Cognitive therapies and behavioral therapies**
 - ▶ **Dialectical Behavior Therapy (DBT)**
 - ▶ **Interpersonal therapy**
 - ▶ **Family therapy**



Cognitive Therapies and Behavioral Therapies (CBT)

- ▶ Therapies that focus on the perspectives upon which the client bases ultimately self-harming decisions and the assumptions that drive those perspectives are often healing for people in recovery from mental health and substance abuse disorders. Similarly, addressing the behaviors that may be automatic for clients but not ultimately serving their abilities to remain sober or manage mental health issues can help them to make shifts and changes that will improve their quality of life and their ability to better manage their mental health disorder, and also avoid relapse.

Dialectical Behavior Therapy (DBT)

- ▶ A form of Cognitive Behavioral Therapy, DBT is designed to help patients who may experience suicidal thoughts and tendencies through learning how to accept the reality of what is, via mindfulness training rather than judging their experiences — or themselves — as good or bad.

What are the Main Differences between DBT vs CBT?

- ▶ Through addiction therapy services, clients may be able to use DBT or CBT. The main differences between DBT vs CBT are with relationships and validation. DBT teaches that relationships and feelings are important. Counselors encourage you to accept who you are and to talk about your ongoing problems. In DBT, the client receives help for managing emotions, practicing acceptance, coping with stress and building strong relationships. Both CBT and DBT focus on changing behaviors. Through these therapy programs, individuals can talk about their problems and learn a better way of living.

DBT vs CBT



Having a Meaningful Day

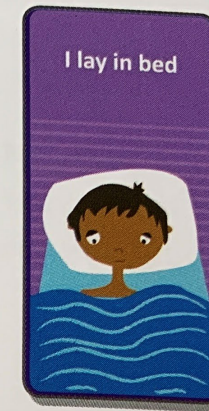
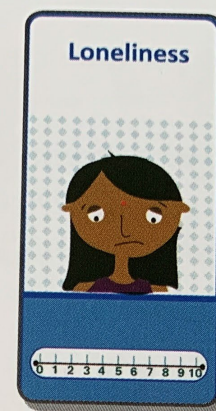
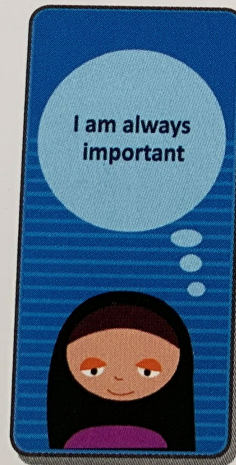
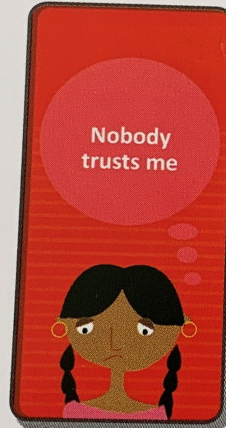
- ▶ Meaningful Day means individualized access for individuals with a developmental disability or mental illness to support their participation in activities and functions of community life that are desired and chosen by the general population. The term “day” does not exclusively denote activities that happen between 9:00 a.m. to 5:00 p.m. on weekdays.
- ▶ This includes: purposeful and meaningful work; substantial and sustained opportunity for optimal health, self empowerment and personalized relationships; skill development and/or maintenance; and social, educational and community inclusion activities that are directly linked to the vision, goals and desired personal outcomes documented in the individual’s Individual Service Plan.

Activity



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Form # 1 - ABC model:

Name:

Event - what happened?

Automatic thought - what did I say to myself?

Emotional response - what emotion did I experience? At what intensity?

Behavioral reaction - How did I react?



what happened?



what did I say
to myself?



what emotion did I
experience? At what
intensity?



How did I react?

Form # 2 - -----:

Name:

Event - what happened?

Automatic thought - what did I say to myself?

Emotional response - what emotion did I experience? At what intensity?

Behavioral reaction - How did I react?

Coping thought - What coping thought could I have thought?



what happened?



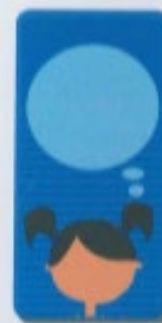
what did I say
to myself?



what emotion did
I experience? At
what intensity?



How did I
react?



What coping
thought could I
have thought?

Accountability Courts and Mental Health



National Alliance on Mental Illness

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Standards for Georgia Accountability Courts

Adult Mental Health Court Standards

Section III: Adult Mental Health Court Standards

- 1) Planning and Administration
- 2) Target Population
- 3) Timely Participant Identification and Linkage to Services
- 4) Terms of Participation
- 5) Informed Choice
- 6) Treatment Supports and Services
- 7) Confidentiality
- 8) Court Team
- 9) Monitoring Adherence to Court Requirements
- 10) Sustainability

Section IV Adult Mental Health Court Treatment Standards

- ▶ 1. Screening
- ▶ 2. Assessment
- ▶ 3. Level of Treatment
- ▶ 4. Treatment/Case Management Planning
- ▶ 5. Mental Health Treatment Interventions
- ▶ 6. **Dual Diagnosis Treatment Interventions**
- ▶ 7. Recidivism/Criminality Treatment Interventions
- ▶ 8. Information Management Systems
- ▶ 9. Oversight and Evaluation

6. Dual Diagnosis Treatment Interventions

- ▶ 6.1 Mental health courts will use a manualized curriculum and structured (e.g. CBT) approach to treating dual diagnosis.
- ▶ 6.2 Abstinence is monitored by frequent alcohol and other drug testing. This is the cornerstone of dual diagnosis treatment.

▶ (<https://www.gaaccountabilitycourts.org/MH.pdf>)

CONSUMER STAGES OF RECOVERY

- ▶ EVENT 1) CRISIS: Episode of serious mental illness
 - ▶ STAGE 1) RECUPERATION: A period of exhaustion and dependence
 - ▶ Emotions: Denial, depression, humiliation, resentment, anger
 - ▶ Needs: Rest; sleep; Someone to take care of me; Proper treatment
- ▶ EVENT 2) DECISION: “Time to get going”
 - ▶ STAGE 2) REBUILDING: Learning to do things for myself; Independence
 - ▶ Emotions: Hope, Grief, Self-doubt, Trust, Fear, Excitement, Frustration, Pride
 - ▶ Needs: Tell my story; Education about SMI; People who believe in me; Learning (relearning) social/working skills
- ▶ EVENT 3) AWAKENING: “I am somebody. I have a dream!”
 - ▶ STAGE 3) RECOVERY/DISCOVERY: Building healthy interdependence.
 - ▶ Emotions: Self-acceptance, appreciation of others, confidence, anger at injustice, assertiveness, helpfulness
 - ▶ Needs: A personal vision; People who appreciate me; Someone to love; Meaningful work; To advocate for self and others

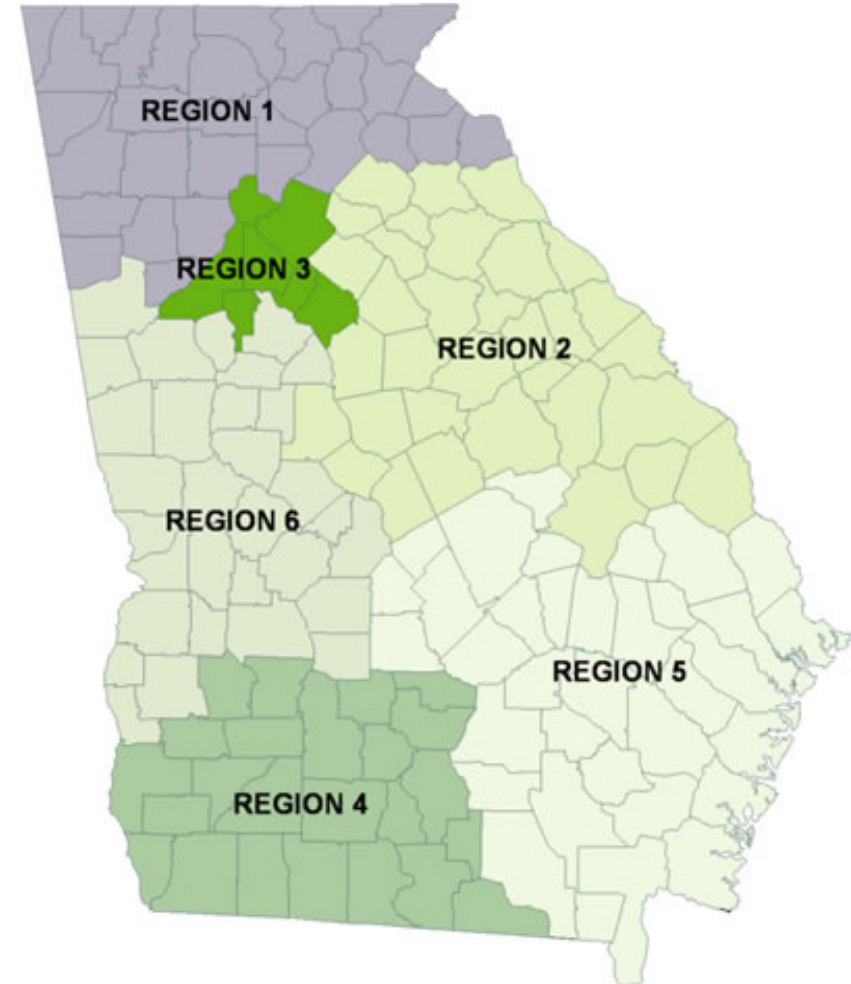
Steps the Court can be Aware of

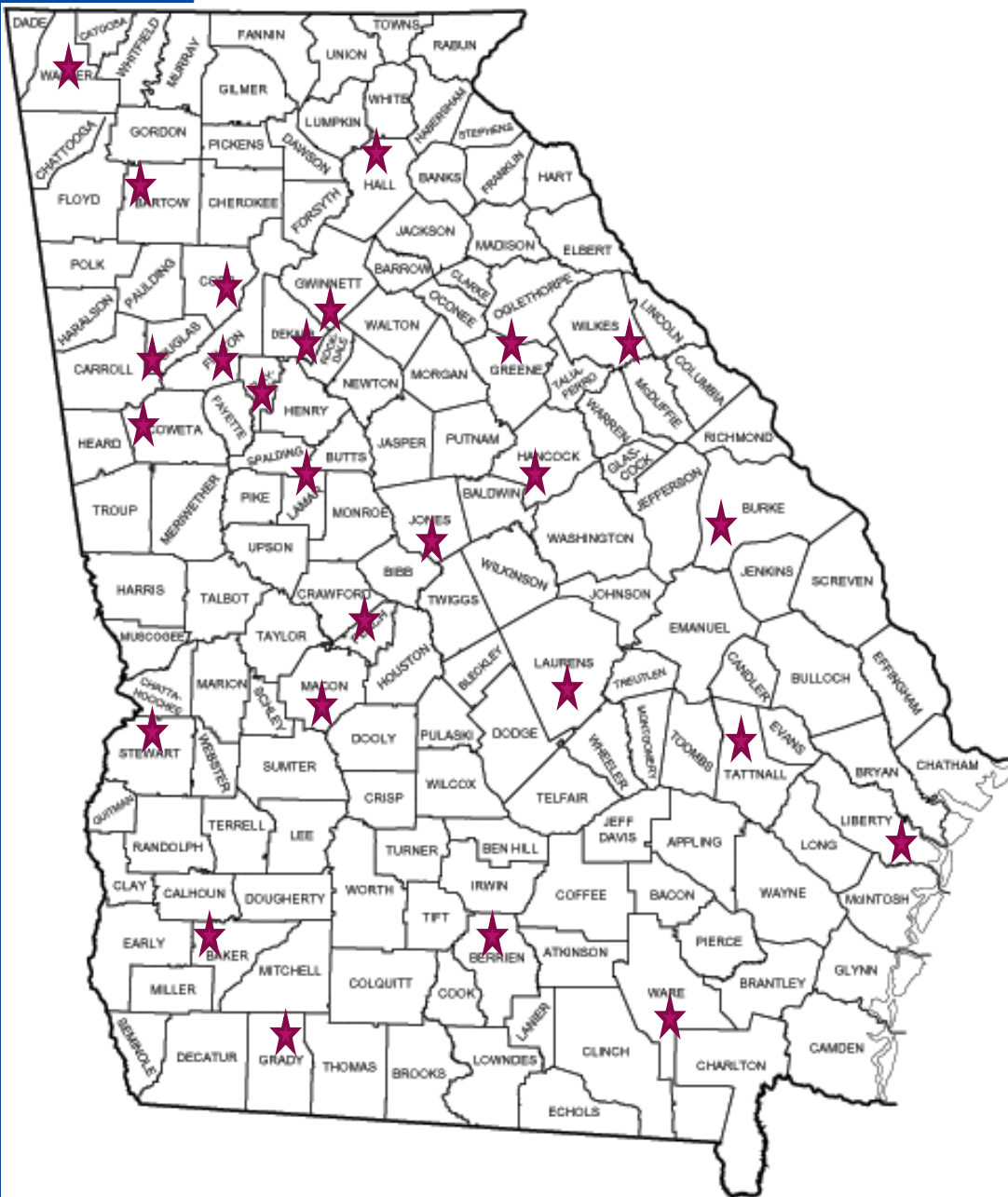
- ▶ Develop and Use a Therapeutic Alliance To Engage the Client in Treatment
- ▶ Maintain a Recovery Perspective
- ▶ Manage Countertransference
- ▶ Monitor Psychiatric Symptoms
- ▶ Use Supportive and Empathic Counseling
- ▶ Employ Culturally Appropriate Methods
- ▶ Increase Structure and Support

Other State Resources

Georgia Georgia DBHDD

- ▶ The Georgia Department of Behavioral Health and Developmental Disabilities is the state department that provides and oversees treatment and services to individuals who have serious mental illnesses, addictive diseases, and developmental disabilities
- ▶ State services are divided into six regions



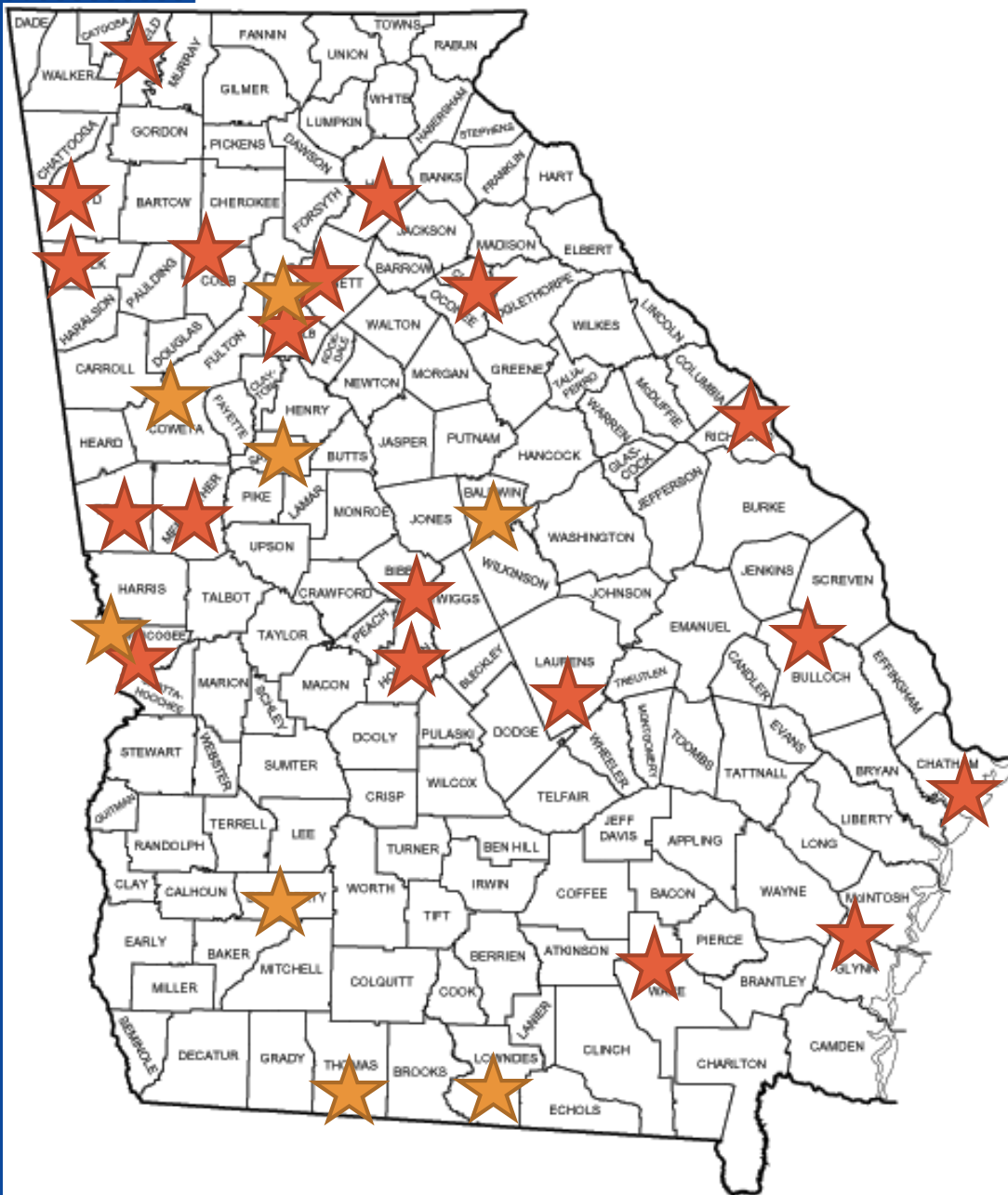


Community Service Boards:

- ▶ Community-based, public providers of mental health, developmental disability, and addictive disease services
- ▶ 26 CSBs are located throughout the state
 - ▶ Designed to provide coverage for all 159 counties
- ▶ Find your local CSB online:
<https://dbhdd.georgia.gov/locations/community-service-board>

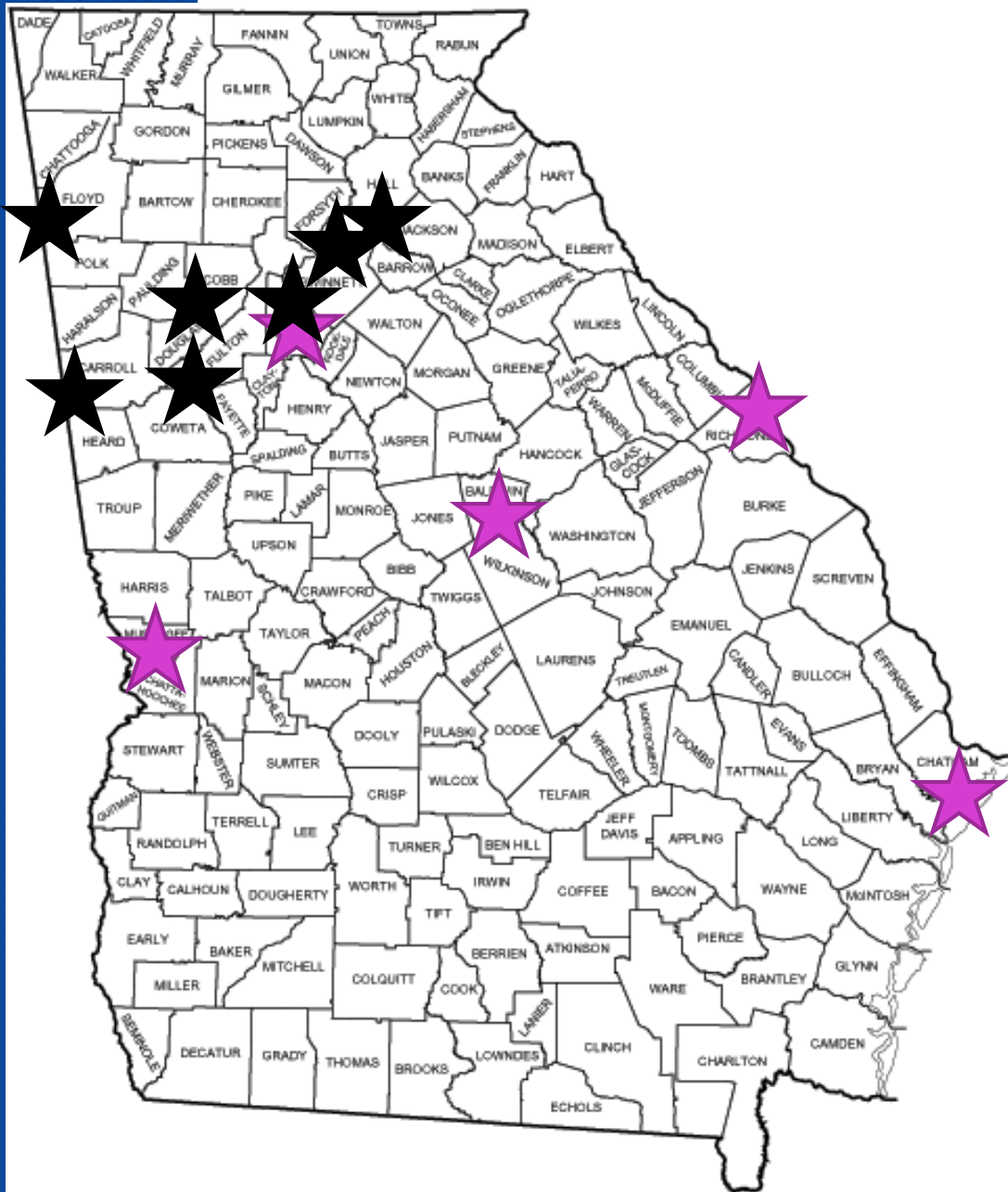
Georgia Crisis and Access Line (GCAL)





Crisis Services:

- ▶ Behavioral Health Crisis Center (BHCC) ★
 - ▶ Crisis walk-in centers, provide assessment and stabilization services
 - ▶ Intended to prevent need for care at CSU
- ▶ Crisis Stabilization Unit (CSU) ★
 - ▶ Alternative to inpatient crisis services
 - ▶ Intended to provide short-term psychiatric acute care
- ▶ Mobile Crisis Services
 - ▶ Georgia Crisis and Access Line – 24/7 hotline; mobile crisis teams may be dispatched when emergency mental health care is required
 - ▶ Assertive Community Treatment (ACT) Teams – provide home-based services through 22 teams



▶ State Psychiatric Hospitals



- ▶ Georgia Regional Hospital – Atlanta
- ▶ West Central Georgia Regional Hospital – Columbus
- ▶ Central State Hospital – Milledgeville
- ▶ East Central Regional Hospital – Augusta
- ▶ Georgia Regional Hospital - Savannah

▶ Private Psychiatric Hospitals



- ▶ Floyd Medical Center – Rome
- ▶ Wellstar Cobb Hospital – Austell
- ▶ Laurelwood – Gainesville
- ▶ Peachford Hospital – Dunwoody
- ▶ Summitridge – Lawrenceville
- ▶ Anchor Hospital – Atlanta
- ▶ Willowbrook at Tanner - Carrollton

Peer Support, Wellness, and Respite Centers

- ▶ Peer-run alternatives to typical mental health day programs and hospitalization
- ▶ Staffed by Certified Peer Specialists
- ▶ Respite beds for up to seven days
- ▶ No clinical staff
- ▶ Run by the Georgia Mental Health Consumer Network (www.gmhcn.org)
- ▶ Maintain warmline – (888) 945-1414
- ▶ Located in Decatur and Bartow, Colquitt, Henry, and White Counties



Other Helpful Resources

- ▶ American Addiction Centers
 - ▶ <https://americanaddictioncenters.org/co-occurring-disorders>
- ▶ Georgia Council on Substance Abuse
 - ▶ www.georgiasubstanceabuse.org
- ▶ CETPA (Bilingual/bicultural clinicians)
 - ▶ www.cepta.org
- ▶ Georgia Parent Support Network
 - ▶ www.gpsn.org
- ▶ Veterans Administration
 - ▶ www.va.gov
- ▶ United Way 211
 - ▶ Call 211 or search www.211.org

What's next?



National Alliance on Mental Illness

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Reduce the Unnecessary Incarceration of Individuals with Mental Illness

- ▶ Disproportionate numbers of people with mental illness are in our criminal and juvenile justice systems, often because of untreated or undertreated illness. In fact, there are over 1.2 million people currently residing in prisons and/or jails with mental health condition in Georgia. As a result, jails and juvenile justice facilities have become the de facto mental health institutions of our day.

Mental Health Parity in Georgia

- ▶ More than 1,365,000 Georgians (19%) have a diagnosable mental illness; 61% of those who need treatment do not receive it. Research has shown that people enrolled in New Medicaid are getting more mental health care, managing chronic depression better, and using costly emergency department care, less.

Workforce Development

- ▶ Nationally, there are workforce shortages of mental health providers including psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, and advanced nurse practitioners who are specializing in mental health care. As mentioned before, Georgia is ranked 48th in the availability of mental health workforce. In fact, in Georgia there are only 10.9 Psychiatrists per 100,000 people and only 5.9 child and adolescent psychiatrists per 100,000 youth.

Contact Information

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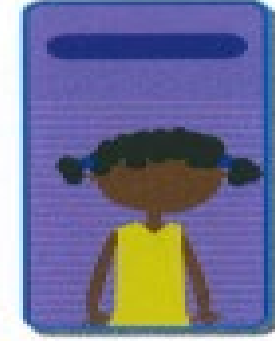
what happened?



what did I say
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How did I react?

Form # 2 - - - - -:

Name:

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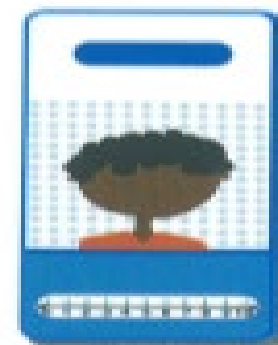
Coping thought - What coping thought could I have thought?



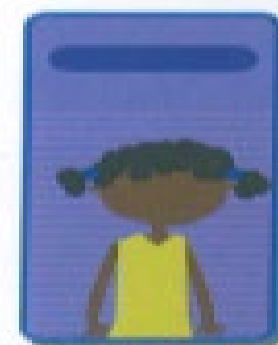
what happened?



what did I say
to myself?



what emotion did
I experience? At
what intensity?



How did I
react?



What coping
thought could I
have thought?
