



Corrections

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# Characteristics of Mental Status Changes: Medical Versus Mental Health Etiology

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NCCHC Mental Health Conference  
July 2022

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# Learning Objectives:

- ▷ Learning Objective 1: **Identify clinical signs of mental status changes from a medical perspective.**
- ▷ Learning Objective 2: **Recognize clinical signs of mental status changes from a mental health perspective.**
- ▷ Learning Objective 3: **Review potential interventions for individuals experiencing mental status changes.**

1.

# Introduction: Incarceration and Health

**Are we focusing our efforts properly?**

# Incarceration and Health

- ▶ Deinstitutionalization has resulted in prisons becoming de facto mental health facilities
- ▶ As our population ages and chronic diseases persist across all age groups, the prevalence of physical health problems in prisons has also increased.
- ▶ Services to address this are essential, but are we focusing our efforts properly?

# Incarceration and Health

- ▷ When residents display challenging behavior, we often refer to mental health.
- ▷ What about after they leave? What training are we providing other staff to identify medical or mental health conditions?
- ▷ Acting out behavior such as standing naked or urinating in the cell is often responded to as a disciplinary problem and force is often used.

# Incarceration and Health

- ▶ Many people with significant medical and mental health challenges are placed in restrictive housing.
- ▶ We know restrictive housing can worsen these conditions and present increased risk for suicide and other negative outcomes.
- ▶ What could we do differently to respond to mental or physical health deterioration?

# 2.

## Medical Conditions that Mimic Mental Illness

**The importance of awareness and early detection.**



# Medical Conditions that Mimic Mental Illness

What is the most common cause of violent behavior?

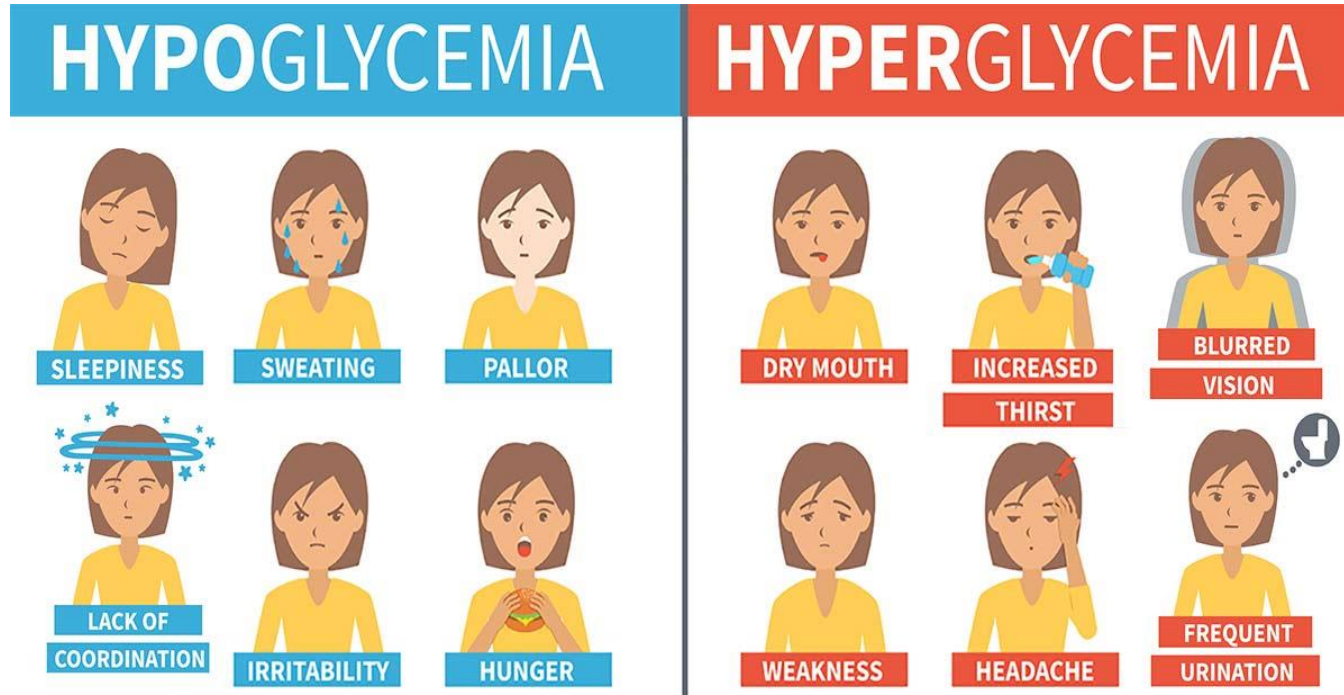
- ▶ Alcohol or drugs (i.e. Meth, Cocaine, Spice, etc.)
- ▶ Psychiatric (i.e. Psychosis, Schizophrenia, Mood Disorder)
- ▶ Neurologic problem (i.e. Stroke, Tumor, Trauma, Brain/Spinal Cord Infection, Dementia)
- ▶ Metabolic Problem/Delirium (i.e. Infection, Low Blood Sugar, Low Oxygen, Liver/Kidney Failure)
- ▶ Other Medical Condition (i.e. Thyroid, Shock, Seizure, Hypo/Hyperthermia)

# Medical Conditions that Mimic Mental Illness

## ▷ Personal Example:



# Medical Conditions that Mimic Mental Illness



# Medical Conditions that Mimic Mental Illness

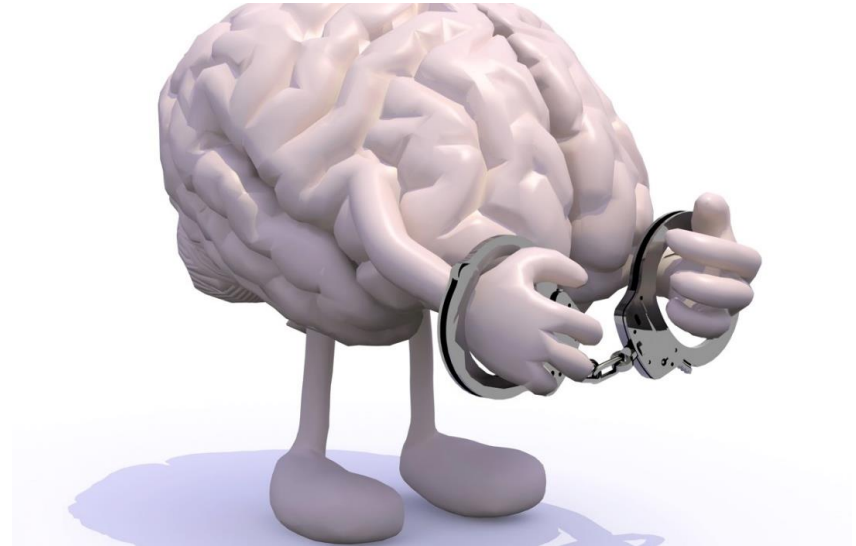
- ▶ What does a seizure look like?



# Medical Conditions that Mimic Mental Illness

## ▷ Complex Partial Seizures

- Irritability
- Staring, blackouts, poor recollection
- Screaming, laughing, crying
- Hyper-religiosity
- Hyper-graphia/Picking
- Sudden awakenings
- Repetitive speech



## Common and dangerous causes of violent behavior

### Toxicologic

Alcohol intoxication or withdrawal

Stimulant intoxication (eg, methamphetamine, phencyclidine, cocaine)

Other drugs and drug reactions (eg, anabolic steroid, sedative-hypnotic)

### Metabolic

Hypoglycemia

Hypoxia

### Neurologic

Stroke

Intracranial lesion (eg, hemorrhage, tumor)

CNS infection

Seizure

Dementia

### Other medical conditions

Hyperthyroidism

Shock

AIDS

Hypothermia; Hyperthermia

### Psychiatric

Psychosis

Schizophrenia

Paranoid delusions

Personality disorder

### Antisocial behavior

# Common and Dangerous Causes of Violent Behavior

▷ By ranking in decreasing order:

1. Toxicologic
2. Metabolic
3. Neurologic
4. Other medical conditions
5. Psychiatric

▷ Common in our facilities:

1. Metabolic-esp. liver/kidney failure
2. Infection-Urinary, Pulmonary, Hepatitis, etc.
3. Other medical conditions
4. Secondary gain
5. Psychiatric

# Medical Conditions that Mimic Mental Illness

- ▷ P or P or P = ER
- ▷ Acute loss of bowel/bladder or bizarre behaviors with feces or urine is an emergency until proven otherwise
- ▷ Most penile problems should be treated as emergency until proven otherwise (Pearling, Priapism, etc. PRESENT LATE)



# TAKE HOME MESSAGE

## ▷ Associated with primary medical condition

- Family history variably present
- Acute onset
- Onset in 40s or older
- Presents in general medical, ICU, or confinement settings
- Non-auditory hallucinations

## ▷ Associated with primary psychiatric condition

- Family history often present
- Insidious onset
- Onset in teens to mid 30s (male 15-25, female 25-35)
- Variable presentation
- Auditory hallucinations

**Security + Programs +  
Medical = Safety and  
Success**



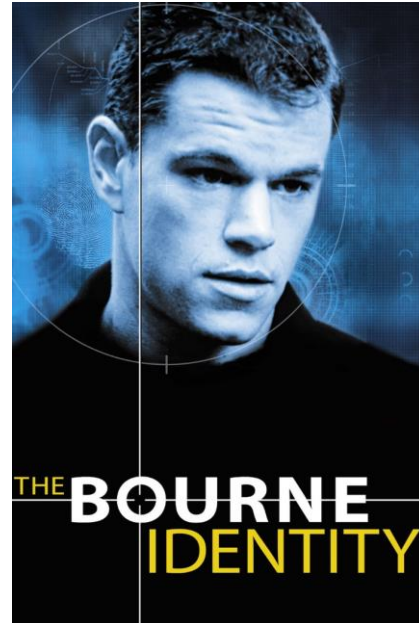
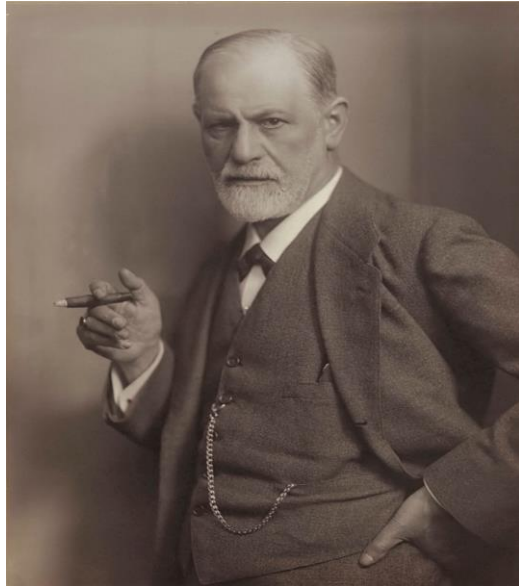


*It is more important to know what sort of  
person has a disease than what sort of  
disease a person has.*

*-Hippocrates*

# Medical Conditions that Mimic Mental Illness

- ▶ ICE and Jails --- Drugs and Alcohol, Poor History, Cultural Concerns



# Medical Conditions that Mimic Mental Illness

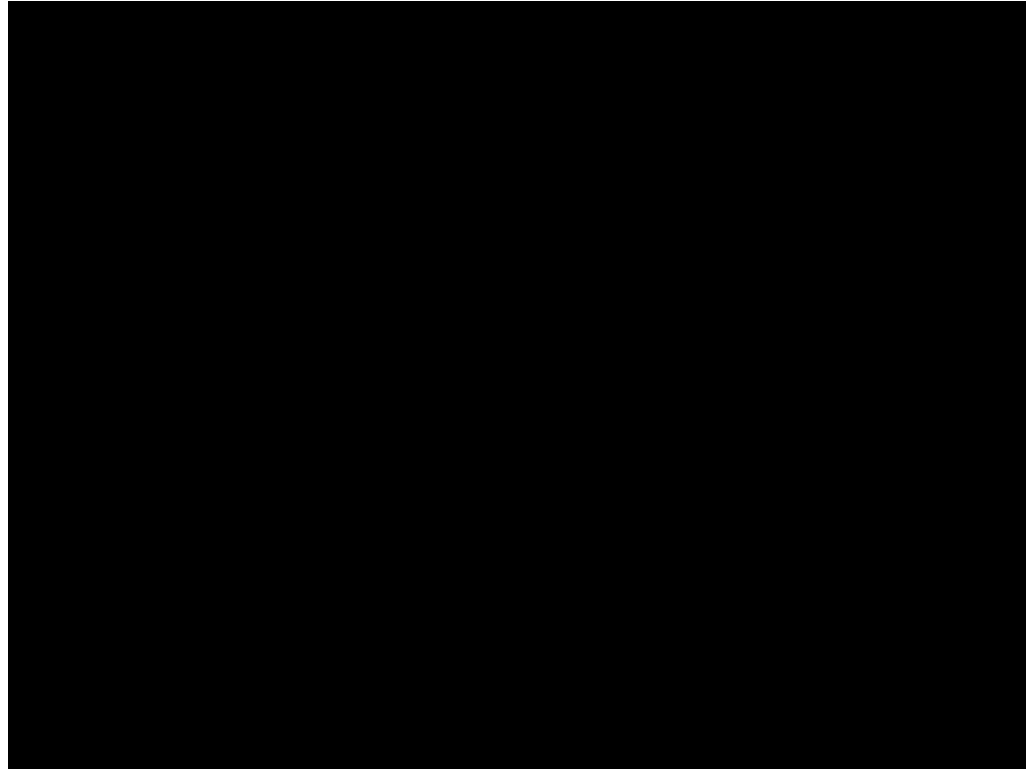
- ▶ The Judge and Dementia: Fronto-Temporal Cortex, Four Fs, Impulse Control



# Medical Conditions that Mimic Mental Illness



# Medical Conditions that Mimic Mental Illness



# Medical Conditions that Mimic Mental Illness

## ▷ Past year:

- Taft-2
- Dalby-1
- Gadsden-1
- Putnam-1
- Remote: East Texas-Lessons Learned



# 3.

## Mental Illnesses that Mimic Medical Conditions

**Differential diagnosis and intervention.**



10-21%

Any Somatic Symptom and Related Disorder (Hilderink, et al., 2013)



5-7%

Somatic Symptom Disorder (Kurlansik & Maffel, 2016)



31.1%

Lifetime prevalence of anxiety disorders; 19.1% annual prevalence (Marikangas, et. al., 2010)

# Somatic Symptom Disorder

- ▷ One or more somatic symptoms that are distressing or result in significant disruption of daily life
- ▷ Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns manifested as:
  - Disproportionate and persistent thoughts
  - Persistently high anxiety about the symptoms
  - Excessive time and energy devoted to health concerns

# Illness Anxiety Disorder

- ▷ Preoccupation with having or acquiring a serious illness
- ▷ Somatic symptoms not present or mild
- ▷ A high level of anxiety or easily alarmed about health status
- ▷ Performs excessive health-related behaviors or exhibits maladaptive avoidance
- ▷ Not better explained by another mental disorder
- ▷ Specify if care-seeking or care-avoidant

# Conversion Disorder

- ▷ One or more symptoms of altered voluntary or sensory function
- ▷ Incompatibility between the symptom and recognized neurological or medical conditions
- ▷ Not better explained by another mental health or medical diagnosis
- ▷ Causes clinically significant distress or impairment
- ▷ Acute or persistent
- ▷ Specify symptom type

# Psychological Factors Affecting Other Medical Conditions

- ▷ A medical symptom or condition is present
- ▷ Psychological or behavioral factors adversely affect the medical condition in one of the following ways:
  - Influence the course of the medical condition
  - Interfere with the treatment of the medical condition
  - Constitute additional well-established health risks
  - Influence the underlying pathophysiology, precipitating or exacerbating symptoms or necessitating medical attention

# Factitious Disorder

- ▷ Imposed on self or others
- ▷ Falsification of physical or psychological signs or symptoms or induction of injury or disease
- ▷ Presents themselves or the victim to others as ill, impaired, or injured
- ▷ The deceptive behavior is evident even in the absence of obvious external rewards.
- ▷ Behavior is not better explained by another mental disorder, such as delusional disorder.

# Delusional Disorder, Somatic Type

- ▷ Delusions with duration of one month or more
- ▷ Criterion A for Schizophrenia (Hallucinations) has never been met
- ▷ Otherwise, functioning is not markedly impaired and behavior is not obviously bizarre or odd
- ▷ Somatic Type: The central theme of the delusion involves bodily functions or sensations.



# Obsessive-Compulsive and Related Disorders

- ▷ Obsessive-Compulsive Disorder
- ▷ Body Dysmorphic Disorder
  - Repetitive behaviors related to perceived defects or flaws in physical appearance not observable or slight to others

# Eating Disorders

- ▷ Anorexia Nervosa
- ▷ Bulimia Nervosa
- ▷ Binge-Eating Disorder

# Anxiety Disorders

## Generalized Anxiety Disorder

Post-Traumatic Stress Disorder

Panic Disorder

Social Phobia

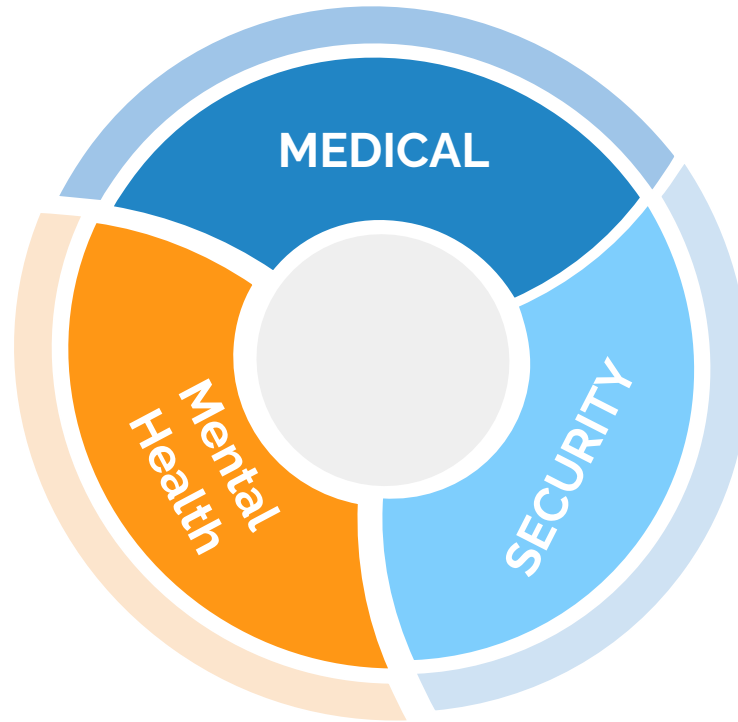
Specific Phobia

4.

# Intervention and Management

**Interdisciplinary Approaches**

# Collaboration is Key



# Continuum of Care

Assess

Ensure access to adequate medical and mental health evaluation.

Create a Plan

Create a comprehensive treatment and behavior management plan. Incorporate reinforcement.

Implement

Ensure all staff are aware of and trained to implement the plan.

# Creative Strategies

- ▷ Allow for routine provider appts., even without need
- ▷ Identify effective reinforcers and apply to desired behaviors





# Thank you!

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