

Police Response to Mental Illness Crisis

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The Police Response to People with Mental Illnesses
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Introduction

People with mental, cognitive and psychiatric disabilities constitute perhaps the single most persecuted and least understood group of individuals in the disability community. The stigma associated with mental illness remains an oppressive obstacle to employment and integration, hampering the efforts of people with mental disabilities to enter the work force, attend schools and contribute their talents and energy to society.

Working Assumptions

1. Mental illness is not a crime.
2. Most people with mental illnesses are fully functioning community members.
3. There is no correlation between mental illness and a person's participation in crime.
4. Involvement in infractions (traffic violations, loitering, disorderly conduct) may be a manifestation of a person's mental illness or failure to receive treatment for the illness, rather than a result of intentional wrongdoing.
5. Some people with mental illnesses, like those with any other disability, may be more vulnerable to crime, abuse or injury than the general population.

Some miscellaneous information

Mental illnesses are disorders of the brain that disrupt a person's thinking, feeling, moods, and ability to relate to others. Just as diabetes is a disorder of the pancreas, mental illnesses are brain disorders that often result in a diminished capacity for coping with the ordinary demands of life.

Mental illnesses can affect persons of any age, race, religion, or income. Five million people in this country alone suffer from a serious chronic brain disorder. These illnesses greatly affect family members and society in general. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing.

Most important, these brain disorders are treatable. As a diabetic takes insulin, most people with serious mental illness need medication to help control symptoms. Supportive counseling, self-help groups, housing, vocational rehabilitation, income assistance and other community services can also provide support and stability, leaving the focus on recovery.

Mental Illness and the Criminal Justice System

The U.S. Department of Justice figures state there are three to four times as many people with major mental illnesses in jail or prison in the United States as there are in public psychiatric hospitals.

Ill-Equipped, U.S. Prisons and Offenders with Mental Illness, published by Human Rights Watch in 2003, states that "Somewhere between two and three hundred thousand men and women in U.S. prisons suffer from mental disorders, including such serious illnesses as schizophrenia, bipolar disorder and major depression. An estimated seventy thousand are psychotic on any given day. Yet across the nation, prison mental health services are woefully deficient, crippled by understaffing, insufficient facilities, and limited programs. Many seriously ill prisoners receive little or no meaningful treatment. They are neglected, accused of malingering, treated as disciplinary problems.

Without the necessary care, mentally ill prisoners suffer painful symptoms and their conditions can deteriorate. They are afflicted with delusions and hallucinations, debilitating fears, extreme and uncontrollable mood swings. They huddle silently in their cells, mumble incoherently, or yell incessantly. They refuse to obey orders or lash out without apparent provocation. They beat their heads against cell walls, smear themselves with feces, self-mutilate, and commit suicide.

Prisons were never intended as facilities for the mentally ill, yet that is one of their primary roles today. Many of the men and women who cannot get mental health treatment in the community are swept into the criminal justice system...."

Prisoners with mental illness are more likely to be exploited and victimized by other inmates, are raped more frequently than others and are robbed of whatever makes prison life more tolerable, cigarettes, soap, personal possessions. *"Mental illness impairs prisoners' ability to cope with the extraordinary stresses of prison life and to follow the rules of a regimented life predicated on obedience and punishment for infractions."*

Mental Illness Attitude Test

- T F 1. The best approach for handling a person with mental illness is to be tough and disinterested in their problems.
- T F 2. Police officers should treat people with mental illnesses with the same respect as they would any other person.
- T F 3. The first objective in dealing with people with mental illnesses is to immobilize the person with whatever force is necessary.
- T F 4. When reaching a disposition to a case involving a person with mental illness, officers will be more effective if they consider the condition of the person with mental illness.
- T F 5. The degree of resistance officers receive when dealing with a person with mental illness will greatly depend on the officers' attitude and demeanor.
- T F 6. People with mental illnesses are far more violent than most people in society.
- T F 7. Police officers have no power to begin the process of committing people with mental illnesses.
- T F 8. Basically mental illness and mental retardation are the same thing.
- T F 9. A person with mental illness can still be intelligent and perceptive.
- T F 10. Putting an obnoxious person with mental illness in jail is a good way to teach the person a lesson.
- T F 11. Responding to people with mental illnesses is a legitimate role of the police.
- T F 12. A person with mental illness does not have the same rights as other people.
- T F 13. People with mental illnesses can control their bizarre behavior, but prefer not to because of the attention they receive when they act weird.
- T F 14. Mental Illness is always a permanent condition.
- T F 15. Any person who attempts suicide clearly has a mental illness.

Answer Key

1. False • 2. True • 3. False • 4. True • 5. True • 6. False • 7. False • 8. False • 9. True • 10. False
11. True • 12. False • 13. False • 14. False • 15. False

A brief History of the Treatment of Mental Illness

In the 1840s, when the prison system was created in the United States, people with mental illness were incarcerated as criminals. During the 1870s, a reform movement created psychiatric hospitals where those with mental illness could be housed in a protected area and given whatever treatment doctors could come up with. Many were subjected to loathsome conditions, isolated in horrific institutions, chained in cages, given hot baths, cold baths, electric shock treatments. Many were left to sleep in their own excrement. No one knew what else to do with them. In England, visits to the local “insane asylum” were part of a day out with the kids, like touring the zoo or a botanical garden.

In the 1950s it was discovered that certain drugs could suppress the major symptoms of mental illness, anesthetizing patients but making them manageable. The side effects of these drugs were considerable and all of them eventually induced Parkinsonian symptoms, the trembling, tongue thrusts, sucking impulses that the general public used to associate with mental illness. Families were told that these Parkinsonian symptoms were the result of the progress of the illness; they were not. They were the direct result of nerve damage produced by the treatments. It was like attacking a flea with a sledge hammer. No one looked for anything better; researchers believed only medications producing Parkinsonian symptoms were effective in treating mental illness.

Through the use of these early medications, patients could be subdued and no longer posed a threat to the public order. All of these drugs were muscle relaxants, which accounts for the slumping, flaccid, overweight appearance often associated with people with mental illness. During the 1960s, the number of psychiatric hospital beds was drastically reduced and many such facilities closed. Community mental health centers were supposed to fill the need for outpatient care and group homes would provide a safety net for people who no longer required hospitalization. Medication compliance was assumed. That is not how it worked. Many patients, experiencing moderate to severe side effects, refuse to take their medications; current New Jersey law does not allow anyone to force them.

Fortunately, with the invention of various diagnostic tools, such as CT scans, MRI and PET scans, along with computer technology to analyze enormous amounts of data accumulated for many years, researchers are getting ever closer to understanding how the brain works and what mental illness is. All of the major mental illnesses are clearly biological. With this increased understanding better medications are being created to treat these illnesses with fewer debilitating side effects.

Many people with mental illness have fallen through the cracks into homelessness or into the criminal justice system. In 2003, the U.S. Department of Justice reported that there are three times as many people with mental illness in jail or prison in the United States as there are in public psychiatric hospitals. It is a failure of the mental health system. Law enforcement officers are the front line in dealing with mental illness crisis. This is a role for which many officers have been ill prepared. The NAMI New Jersey Law Enforcement Education Program attempts to address this problem.

Abraham Lincoln • Virginia Woolf • LioneAldridge
Eugene O’Neill • Ludwig von Beethoven • Gaetano Donizetti
Robert Schumann • Leo Tolstoy • Vaslov Nijinsky • John Keats
Tennessee Williams • Vincent Van Gogh • Isaac Newton • Ernest Hemingway
Sylvia Plath • Michelangelo • Winston Churchill • Vivien Leigh
Emperor Norton I • Jimmy Piersall • Patty Duke
Charles Dickens • Carrie Fisher • John Nash

PEOPLE WITH MENTAL ILLNESS ENRICH OUR LIVES

These people have experienced one of the major mental illnesses: schizophrenia, bipolar disorder (manic depression) and/or major depression



Interacting with people with mental illnesses in crisis situations

DO:

1. Remember that a person with mental illness has the SAME RIGHTS to fair treatment and police protection as anyone else.
2. Continually ASSESS THE SITUATION for dangerousness
3. MAINTAIN ADEQUATE SPACE between you and the subject
4. BE CALM
5. BE HELPFUL. In most cases people with mental illnesses will respond to questions concerning their basic needs. Ask "What would make you feel safer / calmer, etc.?"
6. GIVE FIRM, CLEAR DIRECTIONS. The subject is probably already confused and may have trouble making even the simplest decision. If possible, only one person should talk to the subject.
7. RESPOND TO APPARENT FEELINGS, rather than content (i.e. "You look / sound scared.")
8. Respond to DELUSIONS AND HALLUCINATIONS BY TALKING ABOUT THE PERSON'S FEELINGS RATHER THAN WHAT HE OR SHE IS SAYING (e.g. "That sounds frightening." "I can see why you are angry.")

DON'T

1. ARREST an individual for behavioral manifestations of mental illness that are not criminal in nature.
2. JOIN into behavior related to the person's mental illness (e.g., agreeing / disagreeing with delusions / hallucinations).
3. STARE at the subject. This may be interpreted as a threat.
4. CONFUSE the subject. One person should interact with the subject. If a direction or command is given, follow through.
5. TOUCH the subject. Although touching can be helpful to some people who are upset, for disturbed people with mental illnesses it may cause more fear and can lead to violence.
6. GIVE MULTIPLE CHOICES. Giving multiple choices increases the subject's confusion.
7. WHISPER, JOKE OR LAUGH. This increases the subject's suspiciousness and increases the potential for violence.
8. DECEIVE the subject. Being dishonest increases fear and suspicion; the subject will likely discover the dishonesty and remember it in any subsequent contacts.

Important questions to ask:

- Do you take any medications?
- Have you taken your medication?
- Do you want to hurt yourself?
- Do you want to commit suicide?
- Do you want to hurt someone?

THE 1989 NJ MENTAL HEALTH SCREENING LAW

30:4-27.6 A State or local law enforcement officer shall take custody of a person and take the person immediately to a Screening service if on the basis of personal observation, the law enforcement officer has reasonable cause to believe that the person is in need of involuntary commitment.

The involvement of the law enforcement authority shall continue at the Screening Center as long as necessary to protect the safety of the person in custody and the safety of the community from which the person was taken.

30:4-27.7 A law enforcement officer . . . acting in good faith pursuant to this act who takes reasonable steps to assess, take custody of, detain or transport an individual for the purpose of mental health assessment or treatment is immune from civil and criminal liability.

As defined by the screening laws of the State of New Jersey:

Mental Illness means a current substantial disturbance of thought, mood, perception or orientation which significantly impairs judgement, capacity to control behavior or capacity to recognize reality, but does not include simple intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability.

Danger to self means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonable foreseeable future. No person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available.

Danger to others and property means that by reason of mental illness there is substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonable foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat.

Commitment Criteria:

A person who is in a psychotic state because of a mental illness can be involuntarily committed to a psychiatric hospital if he or she exhibits a danger to self, others or property within the reasonable foreseeable future. For involuntary commitment, a screener, a psychiatrist and a judge must agree that the criteria have been met. After commitment, a review process is initiated periodically to monitor the committed person's progress toward recovery. Hospitalizations are kept to a minimum.

Psychiatric Emergency Screening Services (PES)

Psychiatric Emergency Services (PES) is a 24-hour, seven-day-a-week crisis intervention service that offers crisis and emergency intervention, plus screening for hospitalization. PES provides immediate assistance to people in crisis who are experiencing severe emotional distress. PES does not handle prescription renewals, evictions or non-crisis calls from patients who can't reach their doctors or therapists.

Police should contact Psychiatric Emergency Services:

- when police officers observe that a person in custody may be in need of mental health assessment
- when there is a mental illness emergency
- to request screening personnel to accompany officers called to the home of a person experiencing a mental illness crisis

Psychiatric Emergency Screening Services personnel may contact police officers for:

- assistance with a safety check
- assistance with transport of a person with mental illness to the hospital for evaluation and assessment

Screener Duties:

- assessment, referral and linkage
- crisis stabilization
- development of alternative treatment plans
- consultation, training and assistance to clinical staff
- supervision and monitoring of patients
- screening outreach
- screening of patients who may be in need of commitment
- screening for admission to STCFs (Short Term Care Facilities)

Charges that mandate specialized care, in-patient psychiatric treatment and transfer to Ancora State Hospital or Trenton State Hospital:

1. Murder
2. Manslaughter
3. Sexual Assault
4. Aggravated Criminal Sexual Contact
5. Robbery of the 1st Degree (with weapon)
6. Aggravated Assault
7. Aggravated Arson

Psychiatric Emergency Screening Services • 24 hour hotlines

Questionnaire

The NAMI New Jersey Law Enforcement Education Program is committed to improving interaction between law enforcement and psychiatric emergency screening as well as other elements of the mental health system. If you have had problems dealing with the system, please let us know.

Please photocopy this form or detach, fill out and mail to:

Elaine Goodman, NAMI NJ Law Enforcement Education Program, P.O. Box 346, Wenonah, NJ 08090
or Fax to 856/464-9522 (use separate sheet if more space is needed).

Officer name _____ **Dept.** _____

County: _____

Please list problems you have encountered when you have taken a subject to your local psychiatric emergency screening center:

Please list suggestions about how your local psychiatric emergency screening center or others in the mental health community can better serve law enforcement officers.

Please list other comments about dealing with people with mental illness.

Tips on Responding to Crime Victims Who Have Mental Illness

- Approach victims in a calm, nonthreatening, and reassuring manner. Victims may be overwhelmed by delusions, paranoia, or hallucinations and may feel threatened by you or afraid of you. Introduce yourself personally by name first, then your rank and agency. Make victims feel they are in control of the situation.
- Determine whether victims have a family member, guardian, or mental health service provider who helps them with daily living. Contact that person immediately.
- Contact the local mental health crisis center immediately if victims are extremely agitated, distracted, uncommunicative, or displaying inappropriate emotional responses. Victims may be experiencing a psychiatric crisis.
- Ask victims if they are taking any medications and, if so, the types prescribed. Make sure victims have access to water, food, and toilet facilities because side effects of the medications may include thirst, urinary frequency, nausea, constipation, and diarrhea.
- Conduct your interview in a setting free of people or distractions upsetting to victims. If possible, only one officer should interview victims.
- Keep your interview simple and brief. Be friendly and patient and offer encouragement when speaking to victims. Understand that rational discussion may not be possible on some or all topics.
- Be aware that victims experiencing delusions, paranoia, or hallucinations may still be able to accurately provide information outside their false system of thoughts, including details related to their victimization and informed consent to medical treatment and forensic exams.
- Back off and allow victims time to calm down before intervening if they are acting excitedly or dangerously and there is no immediate threat to anyone's safety. Outbursts are usually of short duration.
- Break the speech pattern of victims who talk nonstop by interrupting them with simple questions, such as their birth date or full name, to bring compulsive talking under control.
- Do not assume that victims who are unresponsive to your statements cannot hear you. Do not act as if they are not present. Be sensitive to all types of response, including a victim's body language.
- Understand that hallucinations are frighteningly real to victims. Never try to convince victims that their hallucinations do not exist. Rather, reassure victims that the hallucinations will not harm them and may disappear as their stress lessens.
- Acknowledge paranoia and delusions by empathizing with victims' feelings but neither agree nor agitate victims by disagreeing with their statements. For example, if victims state that someone wants to harm them, reply with: "I can see that you're afraid. What can I do to make you feel safer?" Recognize also that victims who state that others are trying to harm them may be the victims of stalking or other crimes.
- Continually assess victims' emotional state for any indications that they may be a danger to themselves or others.
- Be honest with victims. Getting caught by victims in your well-intentioned deception will only increase their fear and suspicion of you.
- Provide for victims' care by a family member, guardian, or mental health service provider before leaving them.

Avoid the following conduct in your actions and behavior with victims:

- Circling, surrounding, closing in on, or standing too close.
- Sudden movements or rapid instructions and questioning.
- Whispering, joking, or laughing in their presence.
- Direct continuous eye contact, forced conversation, or signs of impatience.
- Any touching.
- Challenges to or agreement with their delusions, paranoia, or hallucinations.
- Inappropriate language, such as "crazy," "psycho," and "nuts."

Handling Youths with Mental Health Needs

When a police officer encounters a youth with extreme behaviors, the officer should consider the possibility of an undiagnosed mental health need. A timely mental health evaluation may prevent future problems with substance abuse, violence and incarceration. One in five young people has some kind of mental health problem. Two thirds of those with a problem are not getting help. Maintaining public safety as well as officer safety can be challenging when a youth has never been diagnosed. The same DOs and DON'Ts suggested on page 10 of this handbook apply. Some early warning signs of mental illness are similar to normal, rebellious teenage behavior.

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Early Warning Signs of Mental Illness*

- Confusion about what is real or imaginary; deja vu; preoccupation with religion, meditation, superstitiousness, belief in clairvoyance or sixth sense;
- Suspiciousness or paranoid thinking;
- Exaggerated self-opinion and unrealistic sense of superiority;
- Heightened or dulled perceptions, hallucinations;
- Odd thinking and speaking process; racing thoughts or slowed-down thoughts; talking about things irrelevant to context or going off the track;
- Lack of close friends other than immediate relatives;
- Passively going along with social activities in a disinterested or mechanical way;
- Flat emotions; decrease in facial expressions, monotone speech; lack of spontaneity and flow of conversation; poor rapport;
- Difficulty in abstract thinking;
- Difficulty performing functions at work or school.

**Source: Yale Psychiatric Institute's PRIME research clinic*

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Guidelines for Handling Youth in Crisis

When parents call police for assistance with a youth experiencing a mental health crisis, it is usually as a last resort. Police often find themselves entering a situation in which parents are frightened, threatened and in an emotionally overwrought state.

- Clear communication and reassurance from the officer will help the parent stay calm. A parent can be an excellent source of information about the youth, providing the nature of the youth's illness, symptoms, behaviors, medications, side affects and the youth's interests and strengths can help the officer better assess the situation.
- A parent's prior experience with similar situations can also be of help to the officer avoid behaviors that in the past proved ineffective or made the situation worse.
- Sometimes the officer's experience and knowledge of mental illness offers the first insight into the nature of the youth's problems.
- The officer can call the nearest screening center or mental health provider to arrange to have the youth be evaluated.

Notes:

- Symptoms of mental illness often first appear in adolescence.
- Mental illness and bizarre behavior are not criminal.
- Failure to follow police instructions or answer questions during a psychotic episode is not a deliberate act of defiance.
- Parents can be guided to appropriate mental health resources by a knowledgeable police officer.
- Suicide is the third leading cause of death for 15-24 year olds and the sixth leading cause of death for 5-15 year olds. The rate of youth suicides in the Unites States has tripled since 1960.
- Four out of five runaway youths suffer from depression.
- A sensitive intervention by a police officer can be a reassuring and steadying influence on a struggling youth.

More than 5 million Americans suffer annually from an acute episode of mental illness. Left untreated, disorders of the brain can profoundly disrupt a person's ability to think, feel, and relate to others and to his or her environment. One out of five families in Gloucester County will be directly affected by a severe mental illness in their lifetime.

Symptoms of major mental illnesses:

Schizophrenia: disordered thinking. Positive symptoms: confusion about what is real or imaginary; preoccupation with religion; belief in clairvoyance; paranoia; unrealistic sense of superiority; hallucinations; heightened or dulled perceptions; odd thinking and speaking processes; racing thoughts or slowed-down thoughts. Negative symptoms: lack of friends; passivity, interacting in a mechanical way; flat emotions; decrease in facial expressions; monotone speech; lack of spontaneity; difficulty in abstract thinking

Bipolar Disorder: dramatic mood swings. Manic phase: increased energy, decreased need for sleep, increased risk taking, unrealistic beliefs in abilities; increased talking and physical, social and sexual activity; feelings of great pleasure or irritability; aggressive response to frustration; racing, disconnected thoughts. The depressed phase is similar to that of major depression

Major depression: persistent sad, anxious or empty mood; decreased energy, fatigue, being slowed down; loss of interest in usual activities, including work and sex; sleep disturbances (insomnia, early-morning waking or oversleeping); appetite and weight changes; hopelessness, pessimism, guilt, helplessness; thoughts of death, suicide; suicide attempts; difficulty concentrating, making decisions; hypochondria

Obsessive-Compulsive Disorder (OCD): like a hiccup of the brain. Can't stop repeating some kind of behavior, like handwashing, bathing, checking locks on doors. People with OCD repeat these behaviors dozens of times in a day.

Panic Disorder: Severe anxiety or panic makes it impossible to act. Anxiety is blown out of proportion to the situation; fear of doing routine tasks, like going to the supermarket or riding a bicycle.



A description of psychosis

When a person experiences a psychotic episode, all of the senses can be affected: sight, hearing, smell, touch.

We experience the world by how our brains interpret sensory information that comes in through our eyes, ears, nose and skin. When the part of the brain that interprets each of these kinds of information is not working properly, the information becomes distorted, often in very bizarre ways. When a person without a mental illness is intoxicated from excessive alcohol consumption, high on hallucinogenic drugs, or under general anaesthesia, he or she can experience a similar state. In deep sleep, nightmares take similar forms, too. A person with a mental illnesses experiences this state without taking anything to bring it on. The electrochemical system in his or her brain is misfiring. It is interpreting sensory information in a way that has nothing to do with the information itself, but everything to do with the faulty mechanism in the brain. Central control is down.

There is no one in charge to filter out extraneous noise, so that the engine noise from an airplane flying overhead becomes more important than the question asked by the psychiatrist. The path of an ant walking across a picnic table appears to be writing a message of great significance. A motor boat's engine seems to repeat, "Kill yourself. Kill yourself. Kill yourself." Birds speak English and passing strangers address you by name and know your most intimate secrets. A young man reported birds told him to eat more berries. Another heard Arnold Schwarzenegger say, "This is good yogurt, Robert." Another heard voices offering stock market tips.

Like garbage floating on a lake, memories from kindergarten, snippets of music, chili recipes and appliance assembly instructions get all mixed up and assume equal importance in the mind of a person experiencing psychosis. The confusion can be terrifying while the ill person tries to sort through the stimuli to find what is real and what is phantom.

Psychotherapeutic Medications

Just as aspirin can reduce a fever without curing the infection that causes it, psychotherapeutic medications act by controlling symptoms. They do not cure mental illness but they can help a person function despite some continuing mental pain and difficulty coping with problems. Drugs can turn off the “voices” heard by some people with psychosis and help them to see reality more clearly. Antidepressants can lift the dark, heavy moods of depression. The degree of response depends on a variety of factors related to the individual and the disorder being treated.

How long must a person take these medications?

It depends on the individual and the disorder. Many depressed and anxious people may need medication for a single period, perhaps for several months, then never need it again. People with conditions such as schizophrenia or bipolar disorder, or those whose depression or anxiety is chronic or recurrent, may have to take medication indefinitely. Age, sex, body size, body chemistry, physical illnesses and their treatments, diet and habits such as smoking are some factors that can influence a medication’s effect.

Antipsychotic Medications

A person who is psychotic is out of touch with reality. People with psychosis may hear “voices” or have strange and illogical ideas (for example, thinking others can hear their thoughts, or are trying to harm them, or that they are the President of the United States). They may get excited or angry for no apparent reason, or spend a lot of time by themselves or in bed, sleeping all day and staying awake all night. The person may neglect appearance, not bathing or changing clothes. They may have anosognosia, a very common inability to recognize they have an illness. These kinds of behaviors are symptoms of a psychotic illness such as schizophrenia. Antipsychotic medications act against these symptoms. There are a number of antipsychotic (neuroleptic) medications available. These medications affect neurotransmitters that allow communication between nerve cells. One such neurotransmitter, dopamine, is thought to be relevant to schizophrenia symptoms. The main differences between such medications is the dosage prescribed to produce therapeutic effects and the side effects.

Side effects of psychiatric medications can include weakness, dry mouth, headache, double vision, drowsiness, weight gain, impotence, problems with menstrual periods, sunburn, skin rashes, thirst, constipation, excess salivation, rapid heartbeat, dizziness, frequent urination, tremors, nausea and bowel problems. The medications are listed below by trade name followed by generic name.

Antipsychotic Medications	Antimanic Medications	Marplan	isocarboxazid
Clozaril	clozapine	Nardil	phenelzine
Geodon	ziprasidone	Norpramin	desipramine
Haldol	haloperidol	Pamelor	nortriptyline
Lidone	molindone	Parnate	tranylcypromine
Loxitane	loxapine	Paxil	paroxetine
Mellaril	thioridazine	Pertofrane	desipramine
Moban	molindone	Prozac	fluoxetine
Navane	thiothixene	Remeron	mirtazapine
Orap	pimozine	Serzone	nefazodone
Permitil	fluphenazine	Sinequan	doxepin
Prolixin	fluphenazine	Surmontil	trimipramine
Risperdal	risperidone	Tofranil	imipramine
Serentil	mesoridazine	Vivactil	protriptyline
Seroquel	quetiapine	Wellbutrin	bupropion
Stelazine	thriftuoperazine	Zoloft	sertraline
Teractan	chlorprothixene		
Thorazine	chlorpromazine	Antianxiety Medications	
Trilafon	perphenazine	Ativan	lorazepam
Vesprin	trifluopromazine	Azene	clorazepate
Zyprexa	olanzapine	Librax, Librium	chloradiazepoxide
		Valium	diazepam
		Xanax	alprazolam

Source: Medications
NIH Publication No. 02-3929 (2002)

Recommended resources:

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First Call For Help

First Call For Help, a non-profit hotline helps residents find services to meet their needs anytime day or night. Professionally trained counselors are available to help you find what you need. Affordable housing, childcare, domestic violence, emergency shelter, family counseling, food, legal questions, medical equipment, mental health and suicide are some of the problems and issues that First Call For Help can address.

**Available 24 hours a day • 7 days a week • 365 days a year
Dial 211• Call Center and Information Network**

NAMI New Jersey—*The State's Voice on Mental Illness* • www.naminj.org • email: naminj@optonline.net

NAMI New Jersey is a statewide private non-profit organization dedicated to improving the lives of individuals and families affected by mental illness. Its network of support and advocacy groups is composed of families, friends and persons who are affected by mental illness. Phone 732/940-0991.

Law Enforcement Education Program:

The NAMI New Jersey Law Enforcement Education Program provides mental illness education for police officers, basic recruits, chiefs, supervisors, parole officers, judges and corrections officers free of charge. For information contact:

Elaine Goodman, Coordinator
Phone 856/464-0223 • Fax 856/464-9522
E-mail: namilaw@aol.com

Family-to-Family Education

NAMI New Jersey affiliates offer Family-to-Family Education, a 12-week course for family caregivers and friends of individuals with severe mental illness. There is no charge for this course.

Contact NAMI NEW JERSEY at 732/940-0991 for further information about classes in your county.

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Videos

NAMI Science and Treatment Video

Each county has a copy of this video. It is excellent, though dated. In about 12 minutes, it tells the story of the biological basis of mental illnesses.

60 Minutes *All in the Family* aired on CBS 3/31/02

This tape documents the town of Geel, Belgium, which for 600 years has taken care of people with mental illness and accepted them as an integral part of the community. Inspiring.

Mental Illness Police Response

Videotape made in cooperation with the Police Executive Research Forum; a copy can be borrowed from your local NAMI Law Enforcement Education Program liaison; call 856/464-0223.

Reading:

There are many, many good books on the subject. These are just two that may be particularly helpful to you as a police officer.

The Police Response to People with Mental Illness

can be ordered toll free from Police Executive Forum (888)202-4563

Surviving Schizophrenia

by E. Fuller Torrey

Websites:

National Institute of Mental Health:
www.nimh.nih.gov

NAMI (National Alliance for the Mentally Ill):
www.nami.org

NAMI NJ, *The State's Voice on Mental Illness*:
www.naminj.org

Treatment Advocacy Center: www.psychlaws.com