

Mental Health: The Good, the Bad, and the People We Deal With Everyday

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Ever feel like...

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What Are Your Stressors?

- Issues in your office (with customers, co-workers, bosses, etc.)
- Issues with neighboring offices or other offices you work with (like constable's/ sheriff's office, other offices in the courthouse, etc.)
- Situations that leave you feeling rushed, overwhelmed, mentally drained and burned out
- Experiences that cause you vicarious trauma
 - Trauma symptoms resulting from being regularly exposed to other peoples' trauma (could happen from dealing with cases/ paperwork involving inquests, evictions, domestic violence, etc.)

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What Are Your Coping Strategies?

• Think of things you can do both in the office and after you leave.

- To help a customer who is having a bad experience?
- To help a co-worker who is struggling?
- To help you feel better in the moment?
- To help you deal with stress that lingers after you leave work?

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**Now that we were all stressed out and have
listened to some great coping strategies...Let's
Relax for just a minute**

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**We are going to switch gears now and talk about
some mental health issues within our jails and
communities. Some may have already been or
may be future customers we will see.**

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Jail: A Place for Mental Illness
<https://youtu.be/2nsDFbHu3IM?si=dCN0Zla7stpJuJhi>
Jails: Americas Largest Mental Health Facilities

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**In Texas, many of those
needing psychiatric care
repeatedly cycle through the
criminal justice system instead
of receiving the treatment
they need.**

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While the State of Texas has taken great strides toward increasing crisis services and community mental health diversion programs, LMHAs remain woefully **underfunded** and **struggle to keep pace** with community needs.

The problem is felt most acutely by individuals who need services but are not in immediate crisis, including those in **county jails**.

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Due to limited financial and manpower resources, LMHAs attend to individuals in the **most danger (i.e.-suicidal and homicidal/immediate danger to their self or others)** ahead of those who are being actively monitored, **turning county jails into waiting rooms**.

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It should be noted that expenditures for mental health evaluations are only one small part of the total costs to Counties.

In **2023** according to TAC-County Jails spent approximately:

- **\$450 million** in jail costs for individuals with mental illness.
- **\$230 million** in juvenile justice costs for youth with serious emotional disturbances.
- **\$940 million** in psychiatric emergency department costs.
- **\$445 million** in alcohol and substance abuse emergency department costs.

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How Did We Get Here ??? The 16.22 and Beyond

Sandra Bland was a 28-year-old woman who was found hanged in a jail cell in Waller County, Texas, 3 days after she was arrested during a routine traffic stop for

Fail to Signal Lane Change
and ultimately
Assault on a Public Servant
(She allegedly kicked the DPS officer).

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This Is Sandra Bland

When initially brought
into the jail

At magistration the
next day

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- The Waller County Jail failed to complete a two-part mental health screening process required by state law during Sandra Bland's booking process, even after she admitted to having attempted suicide earlier that year and that she felt very depressed.
- At a minimum, the 28-year-old should have received a **court-ordered mental health exam**, once she indicated at booking that she had tried to commit suicide in the past year, the Texas Commission on Jail Standards confirmed Wednesday.
- "The commission also believes that at the **very least**, given what was on the screening form, "**the magistrate should have been notified.**"

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Sandra Bland was found hanged in her jail cell 3 days after arrest and after an autopsy her death was ruled a Suicide

- Sandra Bland's case ultimately led a Civil suit settlement with her family for 1.9 million dollars
- And more importantly the passage of SB1849 – The Sandra Bland Act which took effect January 1, 2018.

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SB 1849 – Sandra Bland Act

Identification and Diversion of and Services for Persons suspected of having a Mental Illness, Intellectual Disability, or a Substance Abuse Disorder

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Key Provisions of SB 1849 in a nutshell and the amending of the Art. 16.22 process

- Mental Health and Substance Abuse:

The bill mandates changes to how individuals with Mental Health, Intellectual Disabilities or Substance Use Disorder issues are handled within the criminal justice system.

- Jail Standards:

It requires Texas county jails to implement new standards related to mental health services, including providing telemedicine and tele-mental health services, ensuring timely magistrate notification, and facilitating diversion services.

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SB 1849 – amended CCP Art. 16.22 (a)(1)

- Not later than 12 [72] hours after receiving credible information that may establish reasonable cause to believe that a defendant committed to the sheriff's custody has a mental illness or is a person with an intellectual disability [mental retardation], including observation of the defendant's behavior immediately before, during, and after the defendant's arrest and the results of any previous assessment of the defendant, the sheriff "shall provide" written or electronic notice of the information to the **magistrate**.

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**Mental Health Disorders can impact thoughts,
feelings, behaviors and logical thinking-some signs are
visible-others are not.**

(We see customers with these disorders every day)

(Some of us may resemble these also-I know I do ;))

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**Mental Health Involves the capability to manage
stress, make decisions and cope with life's
challenges-how many inmates (or just people in
general) do you think could get a BINGO on this
card???**

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See Form 1 - 16.22 Step by Step

Step 6 will apply to Court Clerks

***** (distribution of the 16.22 Report)*****

**See Form 2 -
Screening/Assessment
Flow Chart**

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**You are being asked questions from the Jail
Screening Form (Form 3) that every Inmate gets
asked at booking and their answers are
evaluated by jail personnel to determine if they
are in Mental Crisis currently and/or may need a
16.22 evaluation ordered by the magistrate.**

**I would like each of you to search deep within
yourself, and please answer these questions
honestly !!**

**(They are on responders-so no one knows
your choices)**

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You just left your Office Christmas Party, a little tipsy, and are responsible for causing an accident and critically injuring a mother and her 3 children.

**You have just been arrested for Driving While Intoxicated...
(Which could be enhanced to manslaughter if any of the above die)**

You are at initial intake at your county jail...

Step 1

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Are you feeling hopeless and have nothing to look forward to?

Press 1 – Yes

2 - No

**Q 1d - Notify Supervisor –
Magistrate and LMHA immediately**

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Prior to your arrest did you ever feel down, depressed, or have little interest or pleasure in doing things ?

Press 1 – Yes

2 - No

Q 4 - Notify if warranted

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Are you extremely worried you will lose your job, position, spouse, partner or custody of your children ?

Press 1 – Yes

2 - No

Q 7 – notify if warranted

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**Are you thinking of injuring or killing
yourself today and/or have you *ever*
thought about or attempted to commit
suicide???**

Press 1 – Yes

2 - No

**Q 1b – 1c Notify Supervisor, Magistrate and
LMHA immediately**

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Step 2
12 Hour Notification to Magistrate – CCP
Art. 16.22 (a)(1)

- See Handout: Form 3
Screening Form for Suicide and Medical/Mental/Developmental Impairments
- See Handout: Form 4
Inmate Mental Condition Report to Magistrate

These 2 forms **must** be submitted to the magistrate within **12 hours** of screening and **before** magistration.

(The SPC jail currently emails IMCR to all JP's-so whomever is magistrating has access)

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Inmate Mental Condition Report (IMCR) to Magistrate (Form 4/4a)

**The form 4 is one approved by the Jail Commission.
(The 4a is my suggestion for more info-not required)**

**(Jailers: Please fill out completely and provide Details for
boxes checked)**

**CCQ-Please put Client ID # and Community Center
w/phone number.**

In case we have to contact them for dates and report –
*****Clerk may have to do this contact for the judge??*****

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Step 3 and 4

**If the Magistrate finds reasonable cause to order
a 16.22 evaluation-or in the case of currently
suicidal /homicidal, etc. where the LMHA was
already notified**

The magistrate **shall order** a qualified
Mental Health Professional to interview the
individual and they **must** complete a
Certificate of Compliance and Collection of
Information Form and provide them back to
you with 96 hours-in custody and 30 days if
no longer in custody.

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If the Judge (Magistrate) Determines an evaluation must be done:

See Handouts:

Order for Evaluation, Collection of Information
and Report Regarding MI / ID - **(Form 5)**

Certificate of Compliance to Magistrate –
(Form 6)

Collection of Information for MI/ID – **(Form 7)**

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The Clerk's Responsibility in Mental Health Cases

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Step 4B

If they had a 16.22 interview and report done w/in prior year – magistrate may choose to use that report instead of ordering a new one.

- This is where the information on the suggested Mental Condition Report will come into play.
- It will list a Client ID#, The LMHA and Phone number
- The magistrate or their representative (**Clerk**) may have to contact them to get a hold of a prior report and determine if a new one needs to be ordered currently or just use the one provided by them and not order a new one.
- I have added this to the Order/cert of compliance forms

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STEP 5 – Judge and 6 (Clerk will probably do this step)
Magistrate to review and must send a copy of the Order and the Collection of Information Report to the stakeholders:

- Prosecutor – County Atty /District Atty or Both**
- Trial Court – County Court / District Court or Both**
- County Sheriff (**not jail staff**)/Medical Records**
- Bond or Pre-Trial Supervision Office**
- LMHA
- Defense Attorney (if known at time or PTS)**
- **Also send a copy to the **County/District Clerk** for inclusion in case file and recording; and the **Clerk must report them on the monthly report to OCA.**

******Still assessing who will have access to the actual Collection of Information Assessment/Evaluation Report****(Statute)**

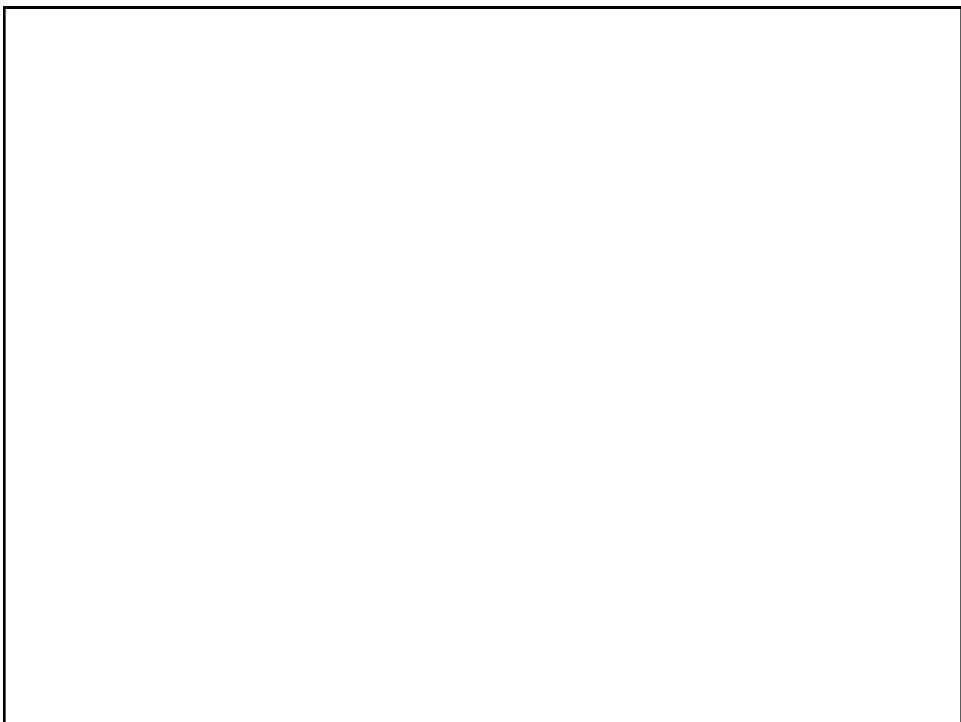
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ENCOUNTERING MENTAL ILLNESS IN OUR COURTS

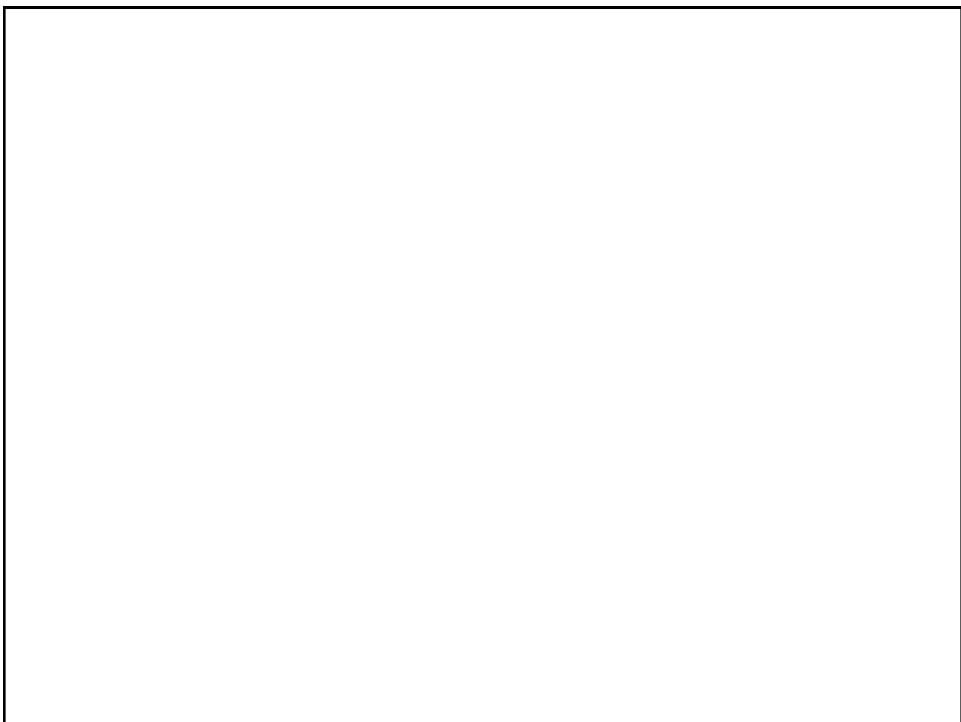
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The *Perception* of Mental Illness

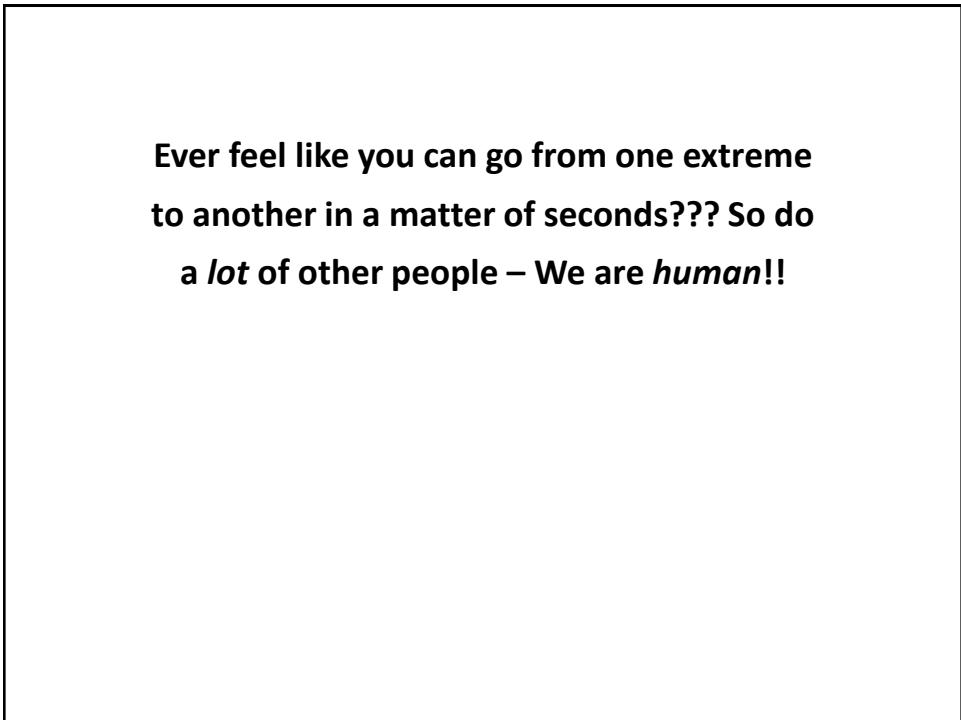
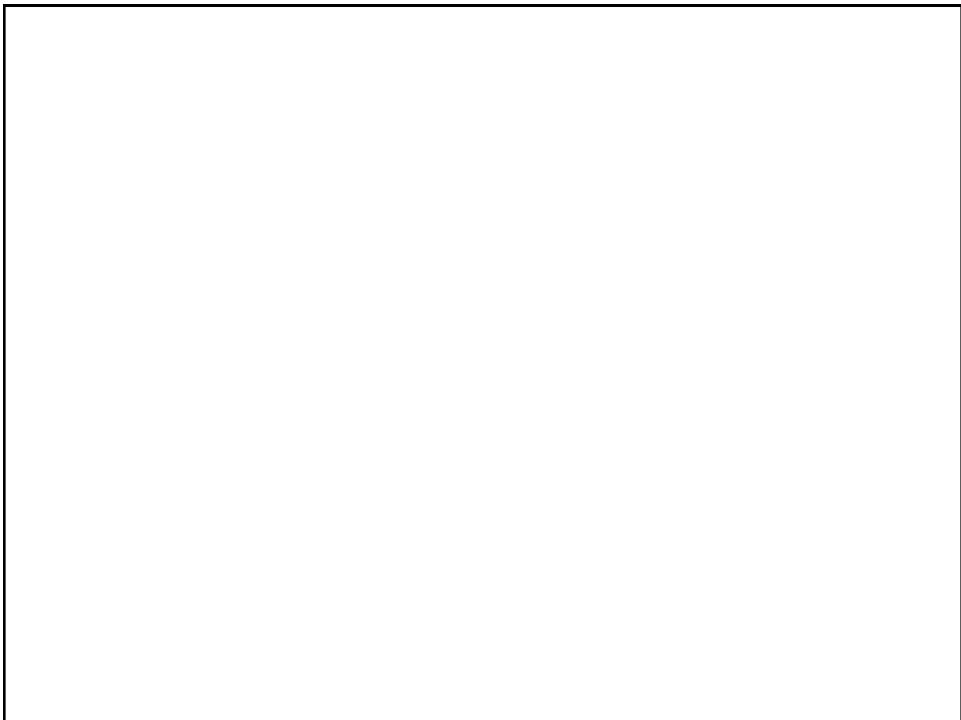
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**Ever feel like you can go from one extreme
to another in a matter of seconds??? So do
a *lot* of other people – We are *human*!!**

The *Reality* of Mental Illness

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How to Have a Conversation with Someone Exhibiting Signs of Distress/Agitation/ Anxiety/ Mental Illness

- What might trigger signs/symptoms of mental illness in our lobby/courtrooms?
- Fines; eviction judgments/writs of possession; truancy/juvenile issues;

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What to Watch For / Tell Tale Signs

- Intense **symptoms of stress** and the inability to cope with the situation.
- Tense muscles, grinding teeth, **clammy hands, dizziness**, and trembling or shaking.
- **Extreme mood swings** or unexplained outbursts/yelling and verbal aggressiveness.
- **Panic attacks** which may include chest pain and difficulty breathing/panting.

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What To Do in Immediate *Danger* Situations (1 of 2)

- Your office/county/annex/building should already have protocol in effect for Emergency Security issues. **Know** it and **Practice** it!
- If not develop one ASAP and make sure everyone in the building is on the same page!!
- Have a “**Safe Word**” that everyone knows.
- Hit the panic button for the Police Department.

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What To Do in Immediate *Danger* Situations (2 of 2)

- Get your Bailiff/Constable.
- Have a Supervisor or a co-worker call 911 and try to separate yourself from the person if necessary and/or if possible.
- Try to diffuse the situation as calmly as possible until help arrives if it is **safe** to do so.

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How to Have a Conversation With Someone Exhibiting Signs of Mental Illness (1 of 2)

If **not** a critical situation— You **may** ...

- **Engage:** Ease into the conversation, gradually. It may be that the person is not in a frame of mind to talk, and that is OK. Greeting them and extending a gentle kindness can go a long way. Sometimes less is more.
- **De-Escalate:** Be sure to speak in a relaxed and calm manner and communicate in a straightforward manner. Stick to one topic at a time. Be aware of a person becoming upset or confused by your conversation with them.
- **Show Concern** and try to be compassionate and not judgmental. Do not just pass them on to another person like a "hot potato" just to get rid of them.

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How to Have a Conversation With Someone Exhibiting Signs of Mental Illness (2 of 2)

- **Listen** – Active listening is more than just paying attention; it also means engaging with them and making them FEEL heard.
- **Validate** – Their concerns and try to redirect back to the issue at hand.
- Keep in mind that mental illness has nothing to do with a person's intelligence.
- **Support** – I'm here to help-What can I do to help you. Stick to present issues and ok to use humor in easy situations.
- **Provide Resources**–Local Resources List, offer brochures, helpline numbers, support groups, etc.