Co-Occurring Diagnoses: Depression and Anxiety

Lori Raney, MD
Principal, HMA

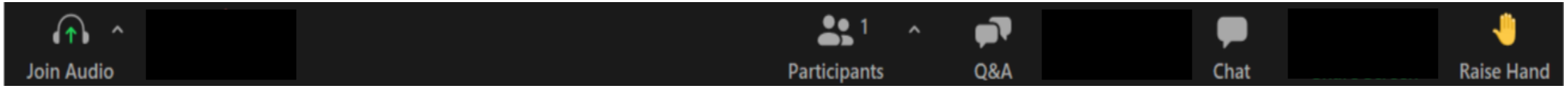
March 12, 2021

DISCLAIMER

- This session was conducted for members of county-based teams in CA that are working to expand access to Medications for Addiction Treatment in jails and drug courts. The project is funded through California's Department of Health Care Services with State Opioid Response funding from SAMHSA. The content is being made available to all interested parties.
- Please note this content has not been professionally edited and the session was conducted using Zoom.

ZOOM FEATURES

- The preferred audio is using “Phone Call”. Please enter your participant ID so that your name is associated with your phone number
- Use the “Q&A” and “Chat” features to type in a question or make a comment
- Use the “Raise Your Hand” feature by going to Manage Participants. You will see your name and can raise your hand
- Polling questions will be used

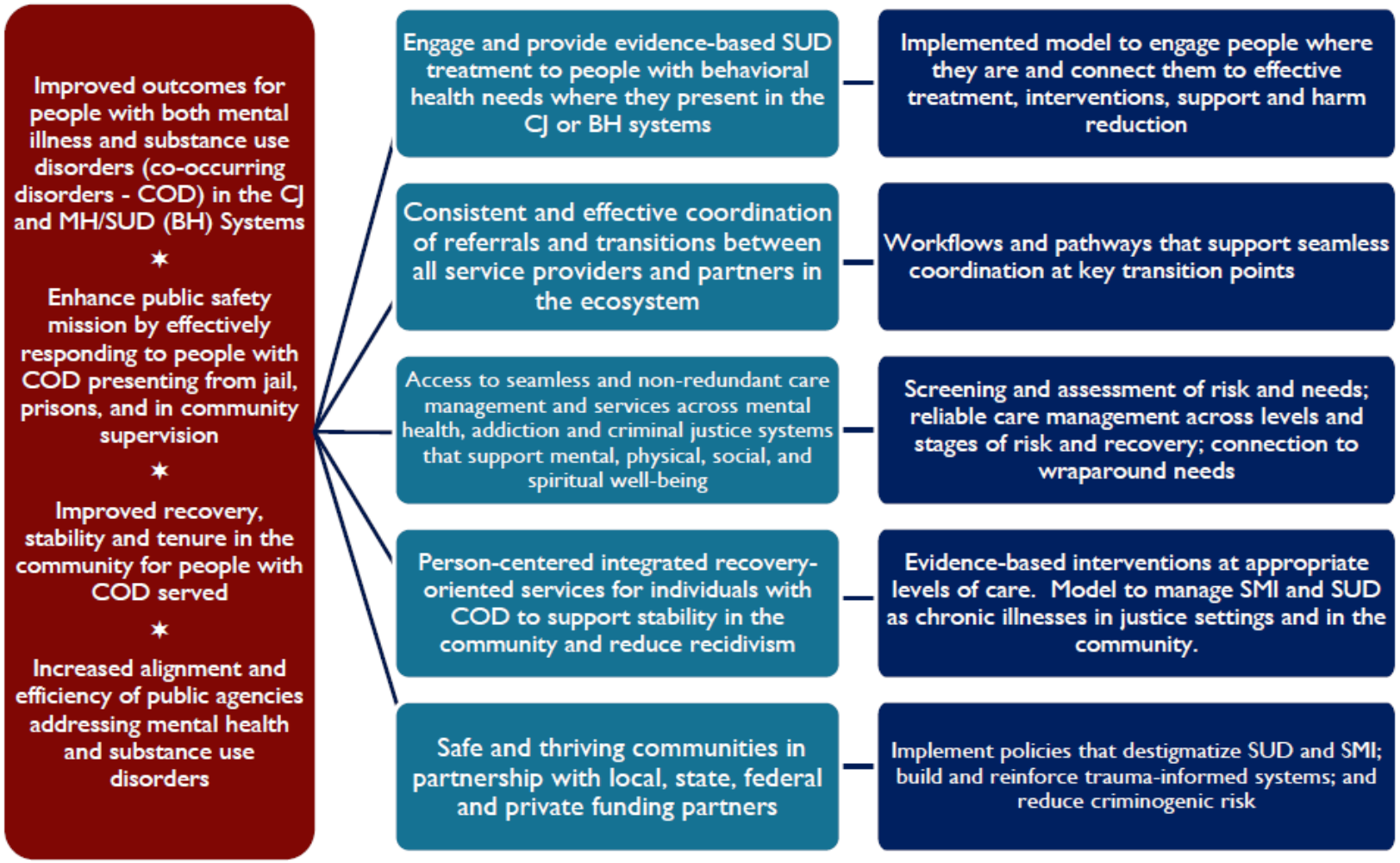


Program Objectives: Co-Occurring Disorders

Assure evidence-based integrated treatment of psychiatric and SUD conditions

Increase alignment and efficiency of public agencies addressing co-occurring mental health and substance use disorders. This may include persons coming out of state prison to community supervision and/or to parole.

Co-Occurring Disorders Response for People in the California CJ System



Technical Infrastructure

Common agreement among key leaders to drive system performance goals

- **Training and TA**: Clinical Interventions; Data; Organizational Change
- **Braided Funding** to support Integrated MH/SUD/Physical
- **Intergovernmental/ Interagency MOUs and Patient Care Compacts**
- **System Performance Goals and Metrics**
- **Data Analytics and Sharing**: Current State Capabilities and Future Goals

PRESENTER

Lori Raney, MD

Psychiatrist

Principal

Denver

Take a moment and list in the chat box your name, organization you work for and your job title

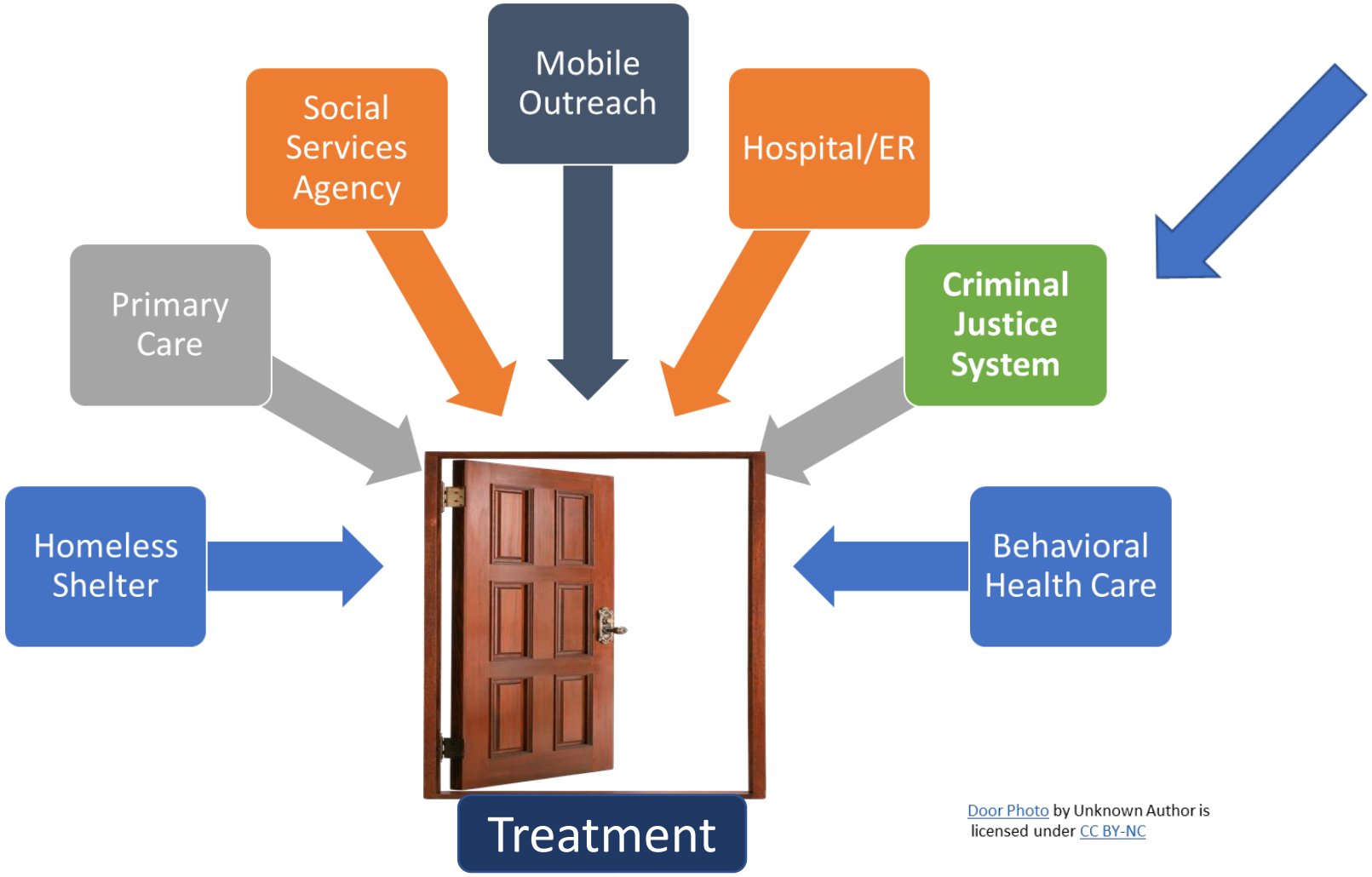
LEARNING OBJECTIVES

Understand	Understand the relationship of co-occurring disorders and substance use in correction settings for depression and anxiety disorders
List	List the common symptoms of depression
List	List the common symptoms associated with anxiety
Describe	Describe basic treatments to address depression and anxiety

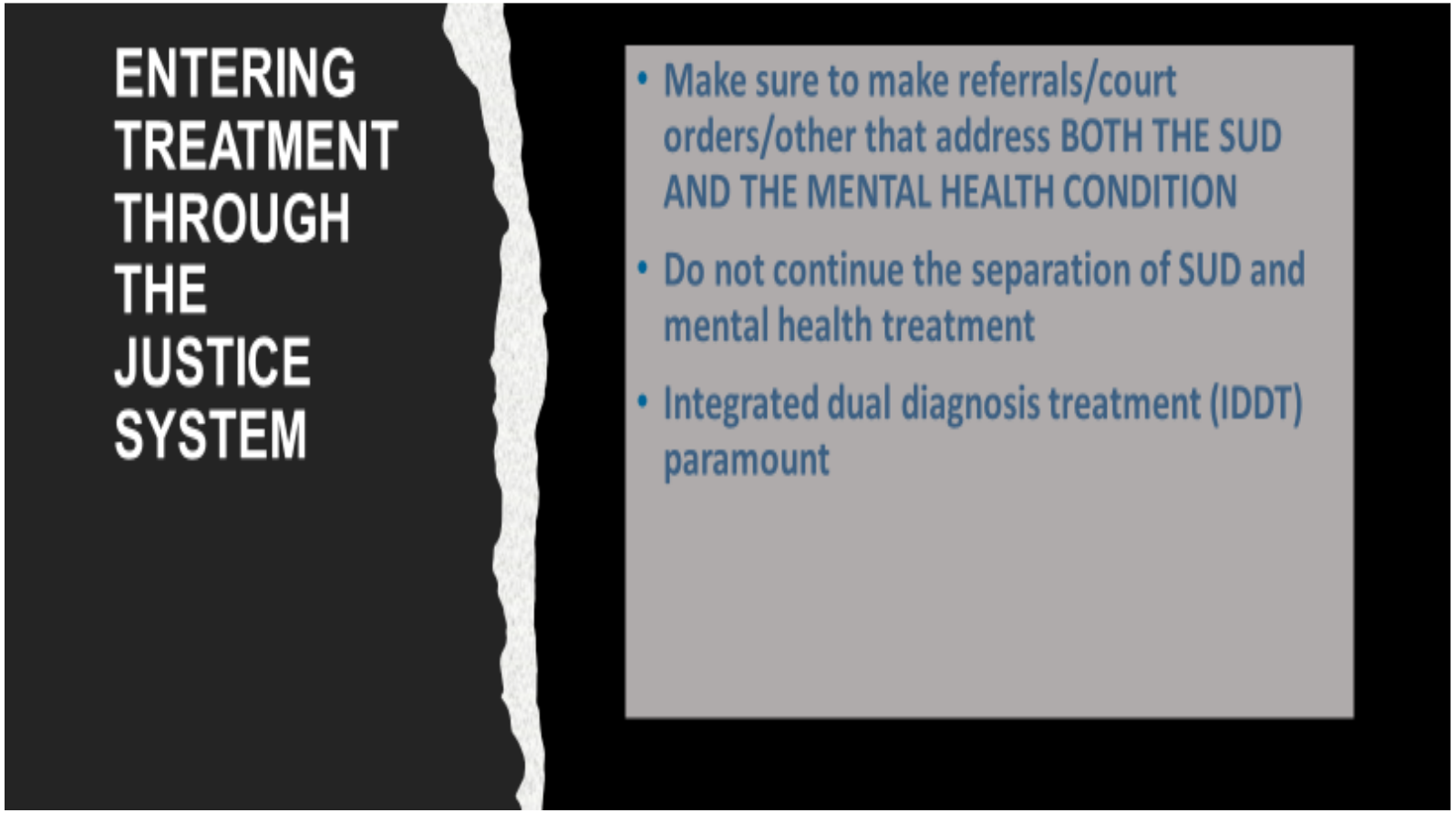
KEY THEMES OF CO-OCCURING DISORDERS (COD)

- COD is a mental health condition and substance use condition “co-occurring” meaning at the same time
- CODs are common in correction settings – 50-60 % and screening for both is necessary
- CODs lead to enormous dysfunction, repeat incarceration (68%), suffering and death if not treated concurrently
- CODs are treatable inside and outside correction settings

MANY OPPORTUNITIES TO ENTER TREATMENT



TREAT MENTAL HEALTH AND SUD CONCURRENTLY FOR BEST SUCCESS



PREVALENCE OF BEHAVIORAL HEALTH AND COD CONDITIONS IN CORRECTIONS SETTINGS

- 75-65% of all prison and jail inmates have some type of mental illness
  - 30% had SMI
    - Schizophrenia
    - Schizoaffective DO
    - Bipolar DO
  - 26% have substance use disorder
  - 25-30% depression
  - 17% anxiety
  - 11% personality disorders

- 50% -75% have co-occurring mental health and SUD

Gottfried et al, Journal of Correctional Health 2006

HOW DO WE SET BIASES ASIDE WHEN RESPONDING TO INMATES WANTING TREATMENT?

"They overreport their symptoms"

"Inmates fake their symptoms to get medications"

"It's expected – not a true condition"

DEPRESSION

CASE: EVAN

- Evan, 22, was diagnosed with major depressive disorder (MDD) in middle school, long before his incarceration. For many like Evans, incarceration tends to amplify depression symptoms. Suicidal thoughts, though Evan said were existent before his incarceration, are now common and more prevalent than ever. “I literally don’t care whether I live or die.”
- Evans now finds himself more depressed than ever before. He has trouble finding the will to walk outside his cell that morning — and every morning before. What was left of his concept of self-worth, he said, is now gone. Depression has become a permanent mindset.
- “I just see myself as a commodity of the state now,” Evans said, reflecting on his incarceration. “I feel like a dog that doesn’t get walked. I’m told when I can eat, when I can stand, when I can sit down, when I can move, and I can’t go outside. It makes you feel meaningless.”
- “If you try to see mental health, you have to wait months and months for that,” Evans said. “If you want help, it’s usually solely on you.”
- “They can start by giving a damn about us,” Evans said. “They could say hello and ask how I’m doing. Just basic things. I want to be treated like an actual human being. The only interaction the staff gives us is sit down, go to your cell, or eat your food. It’s all commands.”
- “Fellow inmates they keep telling me to never get my hopes up,” Evans said. “Never.”

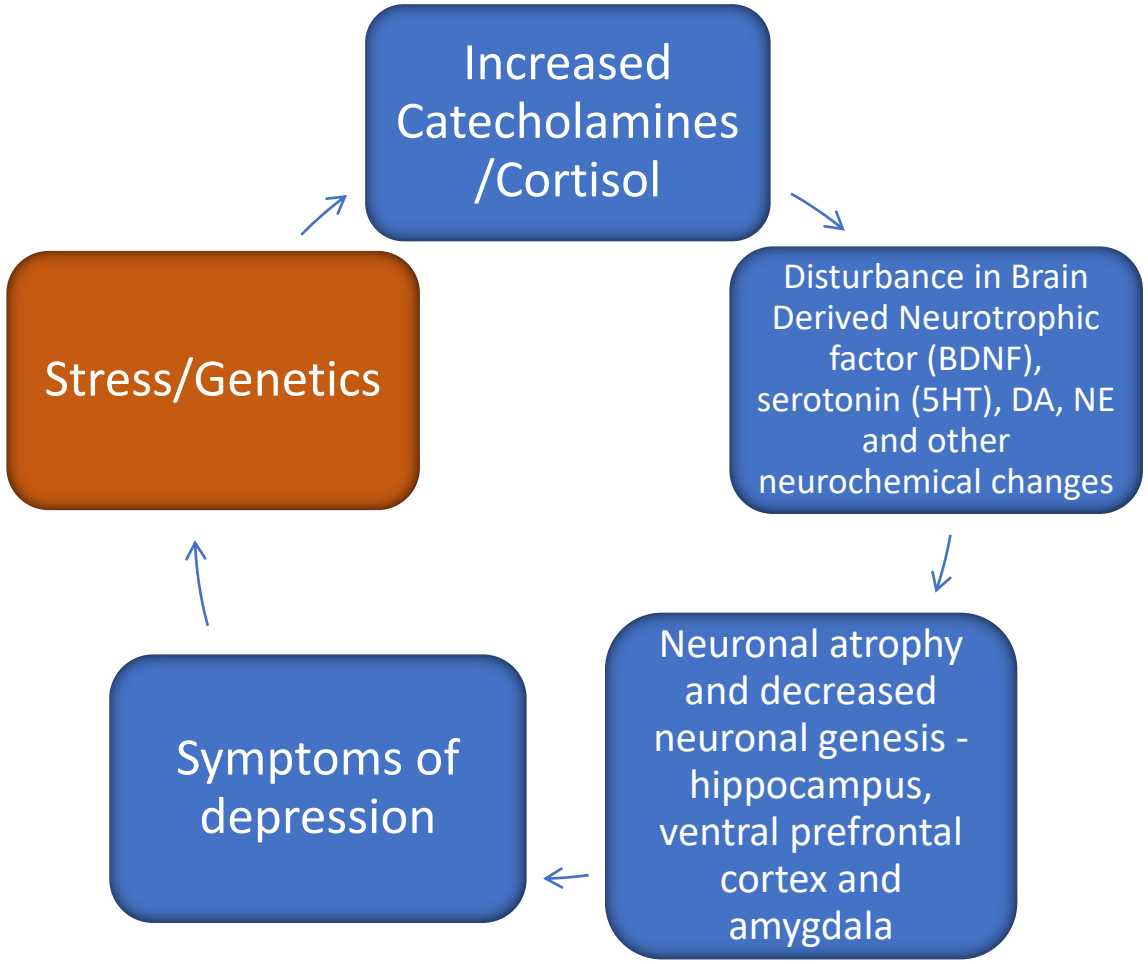
DEPRESSION – MDD

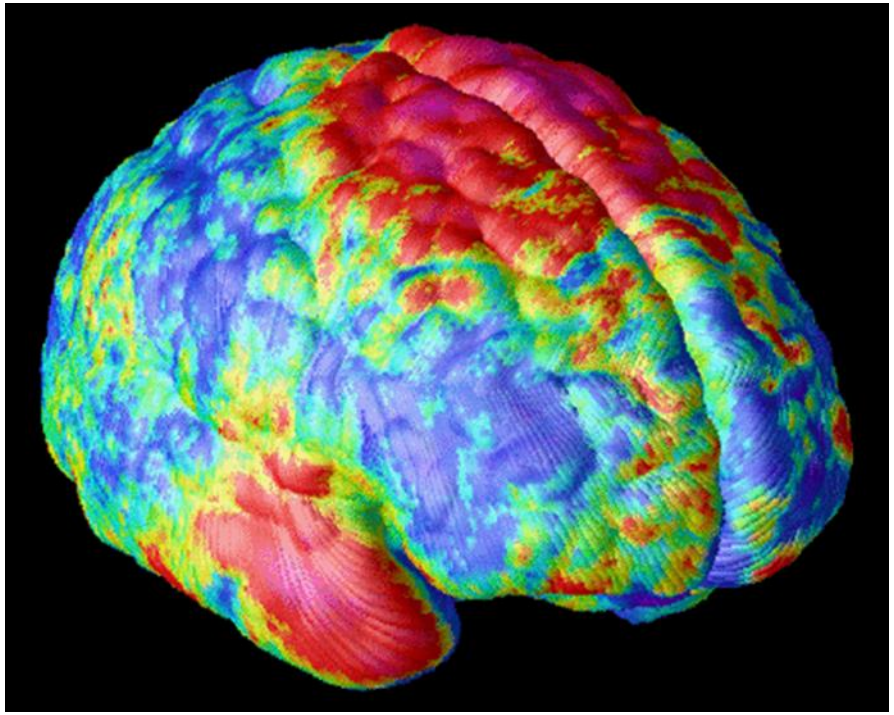
- Major Depression – single/recurrent, mild/moderate/severe
  - 9 symptoms (see PHQ 9)
- Persistent Depressive Disorder (formerly dysthymia)
  - Depressed mood for most of the day, for more days than not, as indicated by subjective account or observation by others, for at least 2 years.
  - Presence while depressed of two or more of the following:
    - Poor appetite or overeating
    - Insomnia or hypersomnia
    - Low energy or fatigue
    - Low self-esteem
    - Poor concentration or difficulty making decisions
    - Feelings of hopelessness

CHAT EXERCISE

What substances might someone use to lessen the symptoms of depression?

PATHOPHYSIOLOGY: EMOTIONAL CENTERS IMPAIRED MORE THAN COGNITIVE





Depression in Corrections Settings

Causes of Depression

30% inmates with depression

- Memories of illegal acts
- Imprisonment itself – isolation
- Missing loved ones, celebrations, deaths, funerals
- Life with other prisoners can be difficult

How symptoms of depression may manifest in correction settings

- Distress at constantly seeing the prison gate, which makes *prisoners feel trapped*
- The depressed prisoner constantly engages in *negative thinking* or may even try some negative acts, like escaping from the prison
- They *lose confidence* in themselves and feel as if they might lose their mind and become mad
- They experience *lack of appetite and lack of sleep* in the prison environment
- *Behavioral changes* occur making such prisoners restless and nervous

https://www.news-medical.net/health/Prisoner-Depression-and-Low-Mood.aspx

CONTRAST WITH TYPICAL "LOW MOOD"

- **Constant frustration** - After a few days in prison, prisoners feels as if they are avoided by society. They agonize over what others in the outside world would think about them. This arouses feelings of frustration, which are revealed in their behavior with fellow prisoners and their daily activities.
- **Deep sadness** - Sadness might arise due to feelings of deep loneliness. Many prisoners are made to stay in solitary confinement for long periods of time. After a point the loneliness becomes unbearable and creates intense sadness.
- **Anxious feelings** - Prisoners repeatedly think about the crime they have committed. These thoughts about the crime make them feel guilty and result in severe anxiety. They exhibit unusual nervousness and restlessness.
- **Unnecessary worry** – worry about unnecessary things or without any reason. They look anxious all the time, thinking of something or thinking nothing at all.
- **Frequent tiredness** -They lose interest in life and display significant reluctance to do activities inside the prison. They give the impression of being tired all the time.
- **Low self esteem** -Self-esteem has an important role in determining the severity of low mood. People with depression consider themselves worthless; this may constantly disturb the mind and lead to thoughts of committing suicide.
- **Getting hyper or angry** -Recurring depressive thoughts make prisoners unable to take things, whether good or bad, easily. Hence, they express anger over every small matter. They may not even know the exact reason for their anger.

https://www.news-medical.net/health/Prisoner-Depression-and-Low-Mood.aspx

CHAT EXERCISE

What behaviors have you noticed in justice involved individuals with depression?

DETECTING DEPRESSION

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE:

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓	3
2. Feeling down, depressed, or hopeless	0	✓	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓	3
4. Feeling tired or having little energy	0	1	2	✓
5. Poor appetite or overeating	0	✓	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓	1	2	3
add columns:		2	+ 10	+ 3
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:			15	

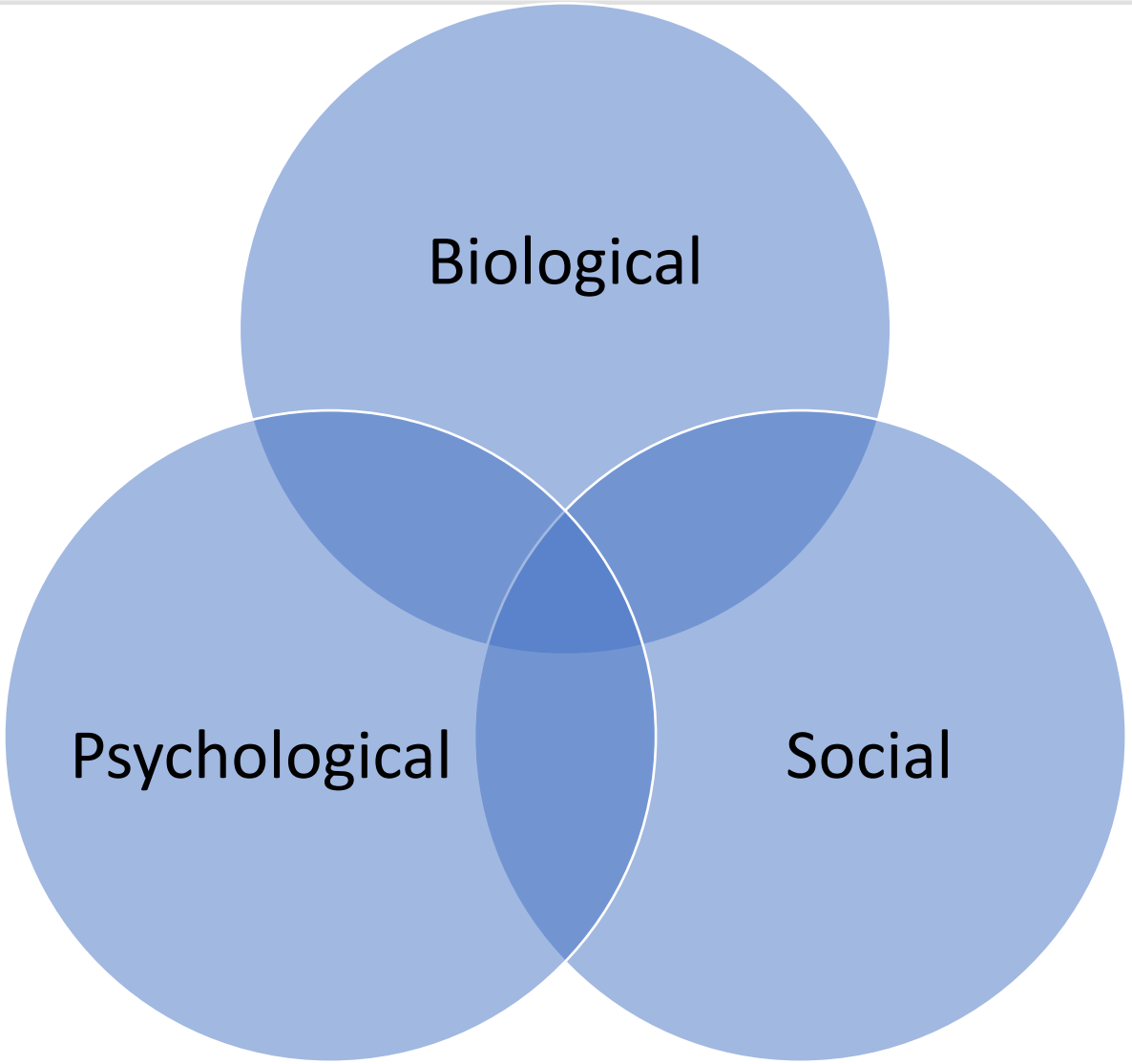
10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult ✓
- Very difficult
- Extremely difficult

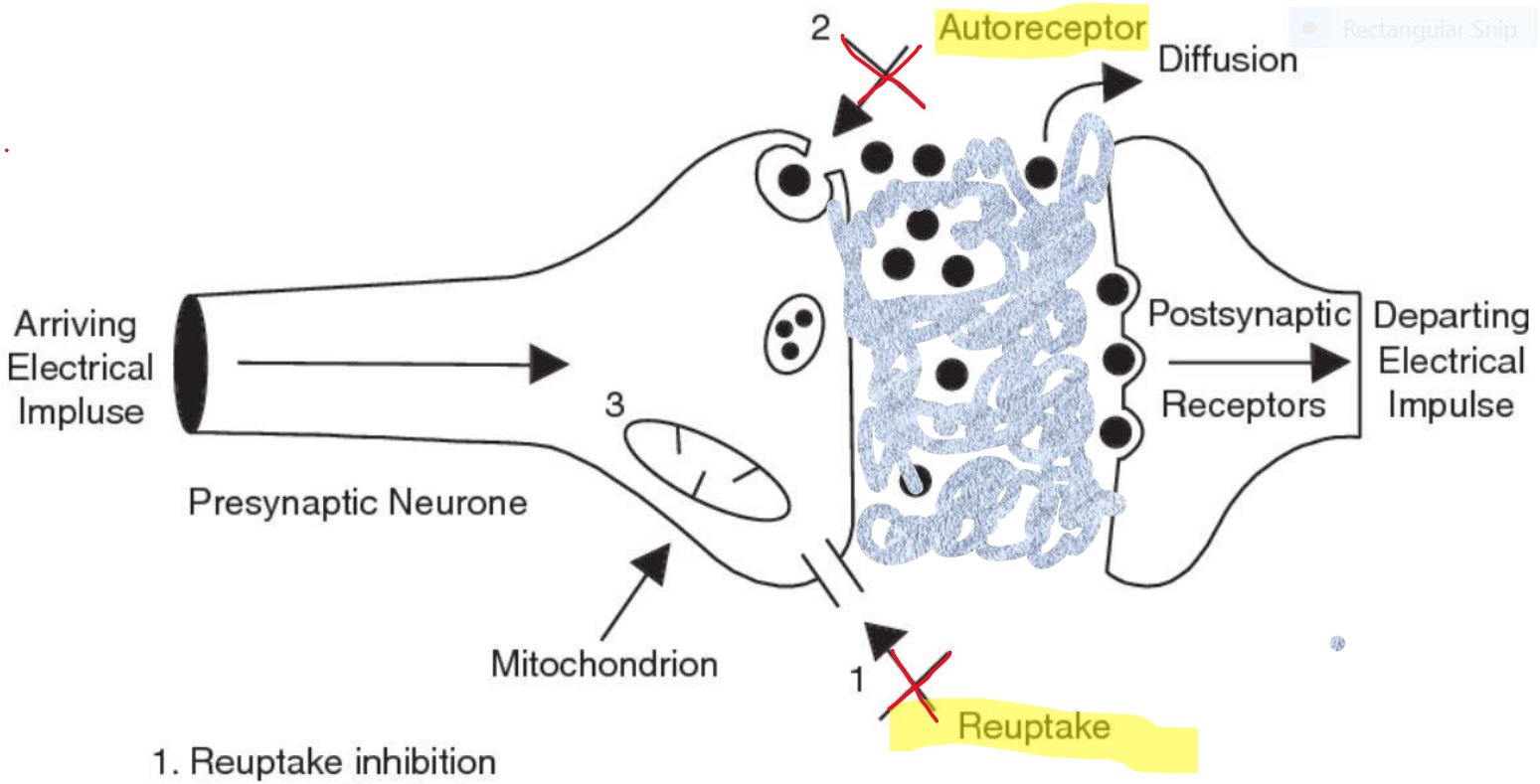
PHQ 9 > 9

- < 5 – remission
- 5 - mild
- 10 - moderate
- 15- moderate severe
- 20 - severe

TREATMENT APPROACH: BIOPSYCHOSOCIAL MODEL



MECHANISM OF ACTION – MONOAMINE THEORY OF AVAILABILITY OF NEUROPEPTIDES IN THE SYNAPTIC CLEFT



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Class	Initial Dose (mg/d)	Therapeutic Dose (mg/d)	Side Effects	Other
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Sertraline (Zoloft®)	50 mg qam	50-200 mg		- Drug interaction
Citalopram (Celexa®)	20 mg qam	20-40 mg		- Drug interaction
Escitalopram (Lexapro®)	10 mg qam	10-40 mg		- Drug interaction
Fluoxetine (Prozac®) Paroxetine (Paxil®)	20 mg qam 20 mg qam/hs	20-60 mg 20-60 mg		+ drug interaction + drug interaction
SNRIs			+ (inc BP)	
Venlafaxine XR (Effexor XR®)	75 mg qam	75-300 mg		Chronic pain too
Duloxetine (Cymbalta®)	60 mg qam	60-120 mg		Chronic pain too
Other				
Bupropion SR or XL (Wellbutrin®)	150 mg qam	450 mg qam/noon	+/- (inc BP)	Activation, no sexual AE
Mirtazapine (Remeron®)	15 mg hs	30-45 mg hs	+/-	Sedation, no sexual AE
TCAs			+++ (ECG, BP)	Sedation/weight gain

SELF HELP

How to look after your mental health in prison

A guide written for male prisoners

This leaflet is about ways to look after your mental health in prison.

Being in prison can be very difficult. Losing your freedom can be hard on your mental health. Mental health is about the way you think and feel and your ability to deal with life's ups and downs.

We all have times when we feel down. Most of the time these feelings pass, but sometimes they become more serious. Self-harm is a serious problem in prison. If you self-harm, you can get help from the mental health team.

Looking after your mental health in prison can help you cope better and feel better in yourself.

Some things that could be hard on your mental health are:

- **The death and the funeral of a loved one**
  One of the most difficult times you can face in prison is someone on the outside dying
- **Drug use**
  It's best to say no and keep saying no to drugs

For both of these issues, speak to the chaplain or a prison officer for help.

"Jail can be scary, the unfamiliar surroundings, the loud noises, a routine that revolves around time...'

Here are ten tips to help look after your mental health

Tip 1. Take care of yourself
When people feel sad, they may not look after themselves. Try to remember to shower regularly and wear clean clothes.

Food is also important to help you feel well:

- Eat three regular meals a day
- Drink plenty of water
- Eat lots of fruits and vegetables
- Choose a healthy meal at least once a day
- Don't eat too much sugar

Tip 2. Talk about your problems
This can help you feel less alone. You can talk to Health Care, the Chaplain or Wing Staff.

You may also be able to speak to a prisoner who is a trained Listener.

Tip 3. Get active
Regular physical activity and exercise can help your physical and mental health. Going to the gym or even doing exercise in your cell would be helpful.

Tip 4. Keep learning
Try something new, for example, you could learn to cook or try your hand at drawing or painting.

Tip 5. Stay positive
It is important not to let negative thoughts take over. Although it can be hard, try to stay positive.

Tip 6. Think about how you can be less stressed
Some people try breathing exercises like mindfulness to help relax.

Tip 7. Begin to make plans
Making plans can help fill the time positively. Think about what you want to do and work towards it. To start, choose something easy. It could be something simple like joining a class.

Tip 8. Try to keep in touch with friends and loved ones outside
This can help you feel that people care about and remember you. Don't forget that people outside will be missing you.

Tip 9. Get on with the people around you
This can reduce stress and help you to feel less lonely. In prison, you could make some good friends.

Tip 10. Help others
This can make you and other people feel good, for example, taking part in peer mentoring.

https://www.mentalhealth.org.uk/publications/how-look-after-your-mental-health-prison

THERAPEUTIC INTERVENTIONS IN CORRECTION SETTINGS

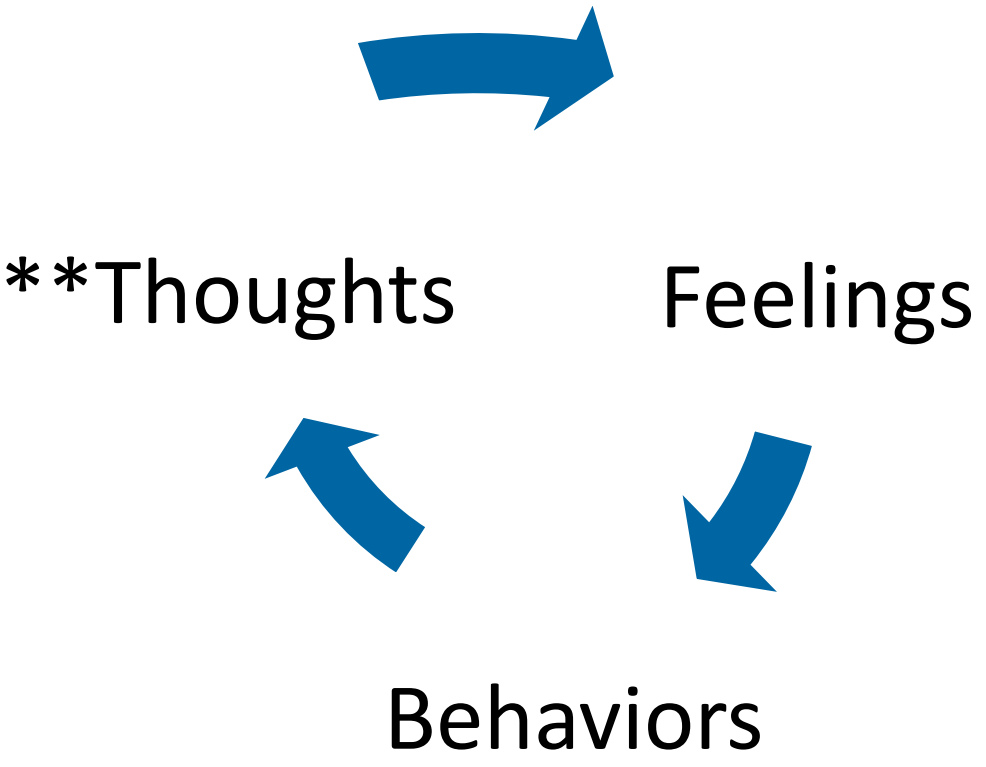
- Interpersonal psychotherapy, group setting
- Dialectical behavioral therapy (DBT)
- Distress Tolerance Skills
- Behavioral activation (BA)
- Cognitive behavioral therapy CBT)
- SUD treatment
- **Integrated dual diagnosis treatment (IDDT)**

https://store.samhsa.gov/sites/default/files/d7/priv/ebp-kit-the-evidence-10242019.pdf

COGNITIVE BEHAVIORAL THERAPY – HELPFUL FOR DEPRESSION AND SUD

A person with social anxiety disorder, for example, might believe that:

- People will notice if he makes even a minor social mistake and then reject him, which will make him feel worthless.
- CBT can help him subject these beliefs to rational analysis and develop more adaptive beliefs
- “It is not certain that I will behave so badly that people would notice, but if that happened, the likelihood of being outright rejected is probably low. If—in the worst-case scenario—I was rejected, I am not worthless; I’m just a fallible human being.”



DISTRESS TOLERANCE SKILLS: DISTRACTION

Distraction (A.C.C.E.P.T.S.)

Negative feelings will usually pass, or at least lessen in intensity over time. It can be valuable to distract yourself until emotions subside. The acronym "A.C.C.E.P.T.S." serves as a reminder of this idea.

A	Activities	Engage in activities that require thought and concentration. This could be a hobby, a project, work, or school.
C	Contributing	Focus on someone or something other than yourself. You can volunteer, do a good deed, or do anything else that will contribute to a cause or person.
C	Comparisons	Look at your situation in comparison to something worse. Remember a time you were in more pain, or when someone else was going through something difficult.
E	Emotions	Do something that will create a competing emotion. Feeling sad? Watch a funny movie. Feeling nervous? Listen to soothing music.
P	Pushing Away	Do away with negative thoughts by pushing them out of your mind. Imagine writing your problem on a piece of paper, crumbling it up, and throwing it away. Refuse to think about the situation until a better time.
T	Thoughts	When your emotions take over, try to focus on your thoughts. Count to 10, recite a poem in your head, or read a book.
S	Sensations	Find safe physical sensations to distract you from intense negative emotions. Wear a rubber band and snap it on your wrist, hold an ice cube in your hand, or eat something sour like a lime.

http://www.therapistaid.com/therapy-worksheet/dbt-distress-tolerance-skills/dbt/adolescents

Integrated Dual Diagnosis Treatment (IDDT)

Benefits

IDDT Reduces

- Relapse of substance abuse and mental illness
- Hospitalization
- Arrest
- Incarceration
- Duplication of services
- Service costs
- Utilization of high-cost services

IDDT Increases

- Continuity of care
- Consumer quality-of-life outcomes
- Stable housing
- Independent living

Core Components

- Multidisciplinary Team
- Stage-Wise Interventions (stages of change, stages of treatment)
- Access to Comprehensive Services (e.g., residential, employment, etc.)
- Time-Unlimited Services
- Assertive Outreach
- Motivational Interventions
- Substance Abuse Counseling
- Group Treatment
- Family Psychoeducation
- Participation in Alcohol & Drug Self-Help Groups
- Pharmacological Treatment
- Interventions to Promote Health
- Secondary Interventions for Treatment of Non- Responders

https://www.centerforebp.case.edu/client-files/pdf/iddtclinicalguide.pdf

CHAT EXERCISE

What treatments have you found useful in justice involved individuals with depression and SUD?

ANXIETY

CASE: ANGELICA: “MY CONDITION WAS BOTH THE THING THAT LED ME INTO CRIME AND AN EXTRA PUNISHMENT ON TOP OF MY JAIL SENTENCE”

- Since the age of 18, I've suffered from social anxiety disorder, a mental illness characterized by severe shyness and a fear of social situations.
- It's easy to fall into the trap of believing that the socially anxious are too timid and hermit-like to become heavily involved in crime, but the socially anxious sometimes feel as if there's no other option than to quell their fears and insecurities with drugs.
- Too often sufferers of social anxiety disorder will feel that they have a simple choice either to live each day with low self-esteem and anxiety, or to escape into the world of addiction. "Sadly, many choose the latter. A cycle of self-destruction is then set in motion, and it's not surprising when a life of crime quickly follows suit.”
- Going to jail is frightening for all first-time offenders, but even more so for somebody who can hardly say a word and has the social skills of a ham sandwich. In the run up to my sentencing date, I felt as if my heart was going to beat out of my chest.
- I was promised help with my anxiety when I got out of prison, but that didn't materialize at all. Despite having to attend weekly probation sessions and repeatedly asking about the treatment I'd been told I would receive, I was still never referred to the local mental health service. I've still got social anxiety today and have received very little help, which isn't great, because I explained to the probation services that it was the root cause of my offending.

ANXIETY DIAGNOSES

- Generalized Anxiety Disorder
  - Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
  - The individual finds it difficult to control the worry.
- Social Anxiety
  - A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others.
  - The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.
- Panic Disorder
  - at least one panic attack is followed by one month or more of the person fearing that they will have more attacks and causing them to change their behavior, which often includes avoiding situations that might induce an attack (up to agoraphobia)
- OCD
  - Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance as intrusive and inappropriate, and that cause marked anxiety and distress.
  - The person attempts to suppress or ignore such thoughts, impulses, or images or to neutralize them with some other thought or action

*PTSD moved to new category Trauma and Stress-related Disorders in DSMV

GAD-7

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	
Total Score *(add your column scores)* =				

Score ≥ 10 indicates possible diagnosis

CHAT EXERCISE

What substances might someone use to alleviate these symptoms?

CAUSES OF PRISONER ANXIETY

Crime: The prisoner perpetually thinks about the crime he has committed and feels worry or guilt, leading to mental stress.

Place: Prisoners are bound to a restricted space and are separated from their loved ones; this isolation makes them feel strongly about their loss of freedom, and thus they are pushed into a world of stress and depression.

People: They are surrounded by other prisoners who may be unpredictable and of violent character or behavior; this creates fear leading to anxiety.

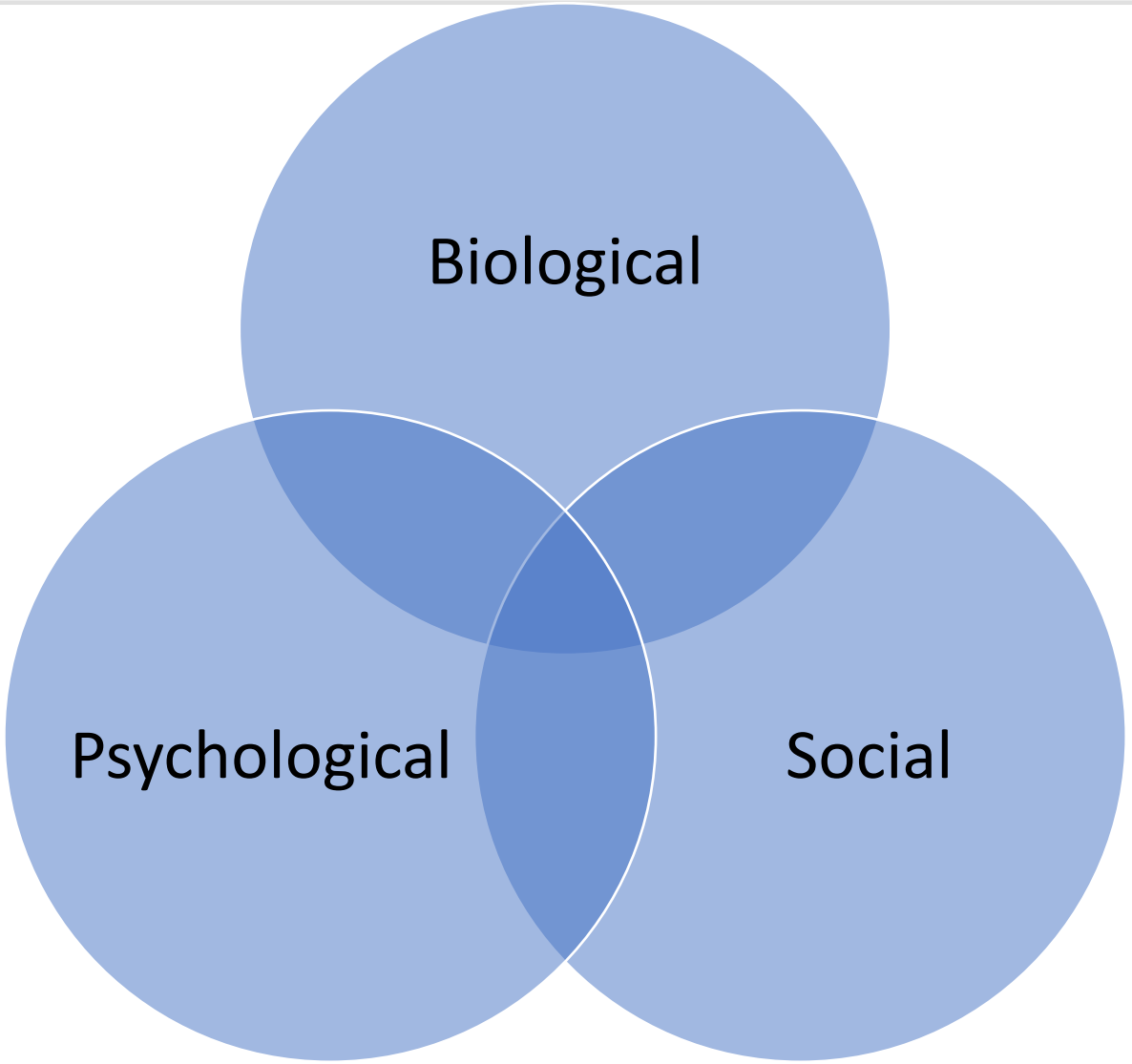
Prolonged imprisonment: In addition to the above, persons who undergo frequent or continuous imprisonments are affected by psychological conditions. They brood about what society might have to say about their term; this increases the risk levels for development of major stress or mental illness.

Poverty, substance abuse, unemployment, lack of early intervention, mental health services in the community are also factors that cause mental illness among prisoners. Some intrinsic causes such as effects of incarceration, role of the police, and role of sentencing also affect the mental health of inmates.

ANXIETY SYMPTOMS IN PRISONERS

- Whenever the prison door opens or closes, the inmates are perturbed and feel stressed.
- They are angry and testy, and always at the edge, expecting something untoward to happen.
- Without any reason, sometimes they feel that they are going mad or losing control.
- They feel sweaty and have difficulty in breathing, along with sleep problems.
- Stressful concerns such as deprivation, uselessness, changes in behavior, etc., are seen in persons who go to prison or court.
- While prisoners wait for a visitor or for mail, they feel a tightness in their throat and mouth and which subsequently become dry.

TREATMENT APPROACH: BIOPSYCHOSOCIAL MODEL



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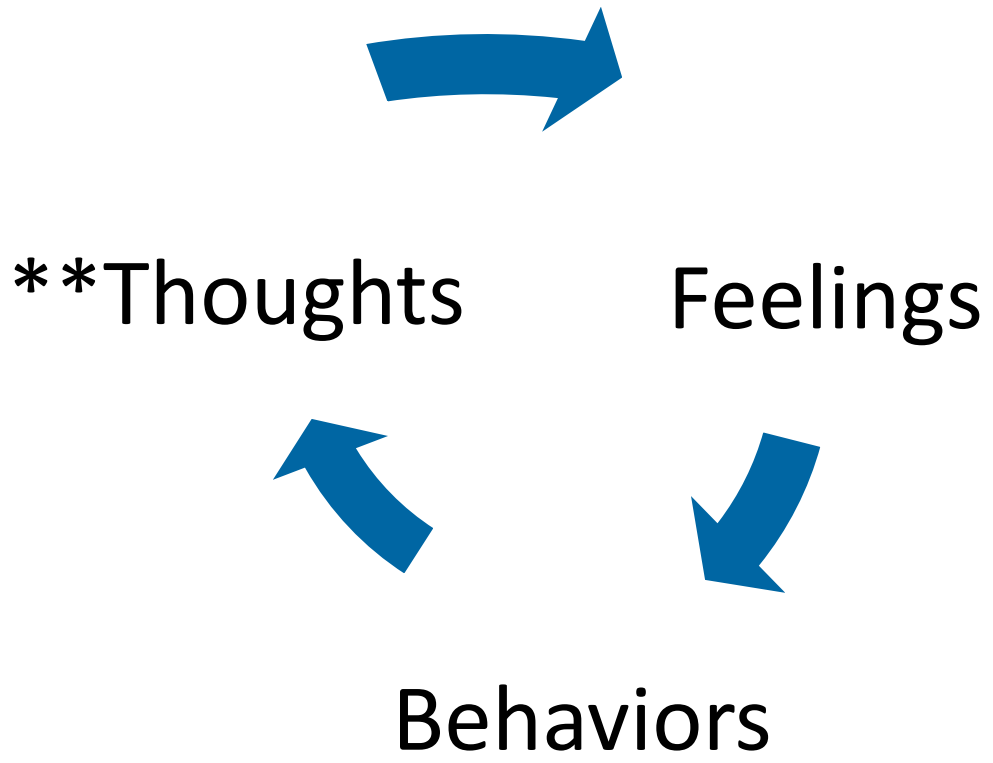
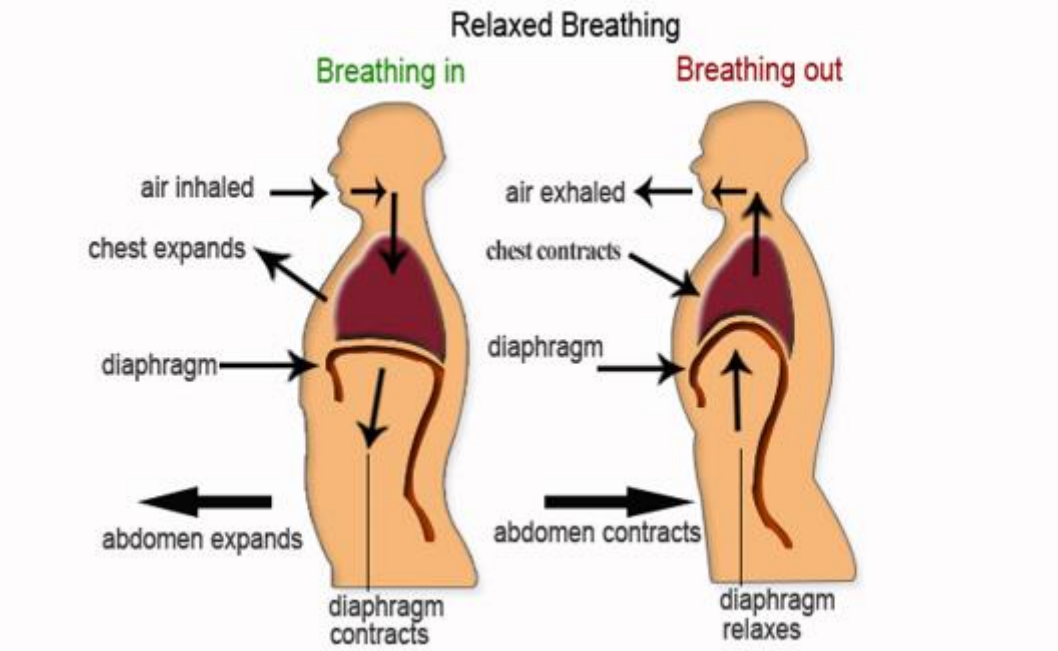


BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: DIAPHRAGMATIC BREATHING

Providing stress management techniques: relaxation training such as diaphragmatic breathing and introduction to mindfulness-based stress reduction



- Sit or stand in a comfortable position with your back straight and your feet flat on the floor
- Place one hand on your chest and one on your stomach if you want
- Slowly inhale through your nose, counting slowly to 4
- Slowly exhale through the mouth, counting slowly to 6
- That's it! Repeat several times.

MEDITATION

- The experimental group experienced
  - fewer sleeping difficulties,
  - less desire to throw things or hit people
  - less nail or cuticle biting
  - were more hopeful about their future
  - felt less guilt
  - Meditation was beneficial for this population and may be a cost-effective tool for inmates and administrators.

The Benefits of Meditation Practice in the Correctional Setting, Journal of Correctional Health, 2009

CHAT EXERCISE

What treatments have you found useful in justice involved individuals with anxiety disorders and SUD?

Questions and Discussion with Webinar Attendees

1. Overall, today's webinar was:
   A. Very useful
   B. Somewhat useful
   C. Not very useful
   D. Not useful at all

2. The material presented today was:
   A. At the right level
   B. Too basic
   C. Too detailed

CONTACT US

FOR ANY QUESTIONS OR COMMENTS

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