

## INSTRUCTIONS

### Discipline: Criminology

You are the Director of Mental Health Halfway House which deals drug addicts with brain disorders that have found their way into the criminal justice system. The patients in this program were diverted from incarceration into prison because a clear link was established between the drug offenses they committed and their mental illness. Mental illness is often a reason for the individual to turn to substance abuse. The majority of your inmate/patient population requires medication to maintain a semblance of social function and to be allowed to leave the facility to work and see family members. You must continually evaluate the participants of the program utilizing the Axis criteria and the patient evaluation from the Global Assessment of Functioning (GAF) Scale (DSM-IV, 1994, p. 32). The GAF is broken into ten groups from 0 to 100. A person in the category from 91-100 would be perfect mentally. This is not normally found with anyone. The person found in the category of 0-10 which is the opposite would be a persistent danger to everyone around them including themselves. They would be completely dysfunctional socially and unable to work. As the director you are required to use the GAF to monthly evaluate the ability of your charges to remain in the program.

The persons in this program must have successfully completed detoxification for the drugs they were abusing.

In addition to your required evaluations you have a pharmacy on site. The pharmacy issues and requires the participants to take the medication in front of health service professionals so that the medication prescribed is actually being used and not sold or thrown away.

For participants suffering from schizophrenia the drugs used are classed as antipsychotic drugs.

For those being treated for depression; antidepressants are used also known as selective serotonin reuptake inhibitors (SSRIs).

A common illness amongst inmates is Bi-polar Disorder. This is treated with mood stabilizers which were originally developed to treat convulsions. For Bi-polar Disorder antipsychotic and antidepressants may also be used.

Anxiety disorders are also common mental health concerns with inmate/patients. These include many commonly known mental health problems like; Obsessive compulsive disorder (OCD), Post-traumatic stress disorder (PTSD), Generalized anxiety disorder (GAD), Panic disorder, and Social phobia. For treatment of such disorders the most common drugs are antidepressants, anti-anxiety medications, and beta-blockers.

In a 10-12 page position paper the student will write up the problem they observed in the scenario. They will answer the questions below. It is critical that when you make a statement of fact in your presentation that you cite the reference you obtained the information from in the text of the paper and that the reference is included in your reference page. As always your paper will be submitted in the APA format current edition. No abstract is required as this is a short position paper but a title page, reference page, and appropriate running header with page numbers are necessary.

What level of inmate patient are you prepared to take into the program based on the five Axis of the DSM-IV and the associated GAF criteria for identifying function? Justify your reasoning.

What are the main categories of mental illness that can be treated by pharmaceuticals?

By category of illness what corresponding type of drug should or could be prescribed to treat those illnesses?

What are the side effects of the drugs you indicated in your report?

How do you plan to convince the participants that they must maintain their drug treatment after they leave the program you are in charge of?

How will these treatments allow the patient/inmate to reintegrate into family, social setting, work setting, and keep them from re-offending?

What are the associated dangers of putting a person in a drug therapy program where they had previous chemical addictions?

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The Sociological Perspective of Drug Abuse

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### The Sociological Perspective of Drug Abuse

Helping drug addicts with brain disorders who have found themselves in the criminal justice system because of one reason or the other is very important. This is because most of the criminal offenses committed by drug addicts are as a result of drug influence. Through controlled programs, they can easily get back to their normal lives. Most of the programs to get these victims back to normal life start by detoxifying them followed by the treatment of mental disorders which might have resulted from the drug abuse and lastly being equipped with some skills which can help them in the job markets. The recovery programs ought to be treated carefully because they can easily expose society into danger, in case a victim is released before he or she has fully recovered. For instance, a rapist who is released from the criminal system before fully recovering will expose the society into high risks of rape cases while a thief who is released before fully recovering exposes the society into the risks of more theft cases. This paper presents a step by step process of treating Axis I disorder victims.

In my position as the Director of Mental Health Halfway House, I observed that most physicians who are expected to assist victims of different mental illnesses within the criminal justice system don't understand how different victims behave as well as the drugs which should be administered to them (Diagnostic and Statistical Manual of Mental Disorders). For instance, Bipolar disorders which are also known as manic-depressive illnesses, they are among brain disorders characterized by unusual active levels, mood swings and the inability to accomplish day to day tasks. Bipolar disorder exists in four basic types; which are all characterized by mood changes, activity levels, and energy. Such moods usually range from extreme moments "up," elated, and manic episodes to very sad, "down," or depressive episodes. Manic episodes which are less severe are known as hypomanic episodes. The first type of Bipolar disorders is Bipolar I

Disorder. Bipolar I Disorder is characterized by manic episodes which go up to 7 days accompanied by manic symptoms which are highly severe to an extent that a person must seek medical attention. Bipolar II disorder is the second type which is characterized by patterns of hypomanic and depressive episodes which are not full blown like in the first type (Cockerham, 2016). The third type of this disorder is the Cyclothymic disorder also known as cyclothymia which is defined by periods of depressive and hypomanic symptoms lasting between one to two years. The last type comprises all other unspecified bipolar disorders that don't match in any of the three categories above.

According to DSM-IV which organizes all psychiatric disorders into five categories or axes to help mental health professionals in administering compressive diagnosis to patients, I will major on the Axis I disorders like the Bi-polar disorder, Psychotic disorders, Trauma disorders, and Neurodevelopment disorders. This is because they are the common disorders found in the public. Under this Axis, there are other disorders such as eating disorders (bulimia nervosa, anorexia nervosa), anxiety disorders (panic disorder, post-traumatic stress disorder) and psychotic disorders. For the purposes of function identification, I will use the GAF criteria of 100 (GAF score of 100 means). The GAF will be broken into ten groups where the first group (0-10) consists of those with severe symptoms whereas the last group (91-100) will consist of those who have fully recovered and have perfect minds. This is because victims of Bi-polar disorder recover progressively from one stage to another before they can fully recover (GAF Score).

Mental illnesses are treated in different ways depending on the category in which they belong. Among the treatment, approaches are the psychological therapy, medication and community support programs. Psychological therapy involves doctors, psychologists and other

professionals discussing with the victims about their concerns and how to manage them while Community support programs, on the other hand, involve an organized group of people who support the victims through the provision of important information about their conditions as well as psychosocial rehabilitation (Corner, Gill & Mason, 2016). In regard to medication, medical specialists prescribe drugs to mental illness victims who are either taken for a while or on an ongoing basis. Specialized doctors are entitled to explain both the benefits and the possible side effects of a medication before prescription.

Mental illnesses which can be treated using pharmaceuticals exist in different categories. The first category is the Neurodevelopment disorders. This category covers a wide range of problems that become evident as early as infancy or childhood before children begin grade school. Examples of such disorders include attention deficit disorders, autism spectrum disorders, and learning disorders. Psychotic disorders which cause detachment from the reality are also in this category (Tull). They are characterized by delusions, disorganized thinking, and hallucinations. Also, Bipolar disorder fits in this category. It is characterized by alternating episodes of mania or periods of excessive energy and excitement followed by depression symptoms.

Depressive and anxiety disorders as well belong to the category of mental illnesses which are curable using pharmaceuticals. Depressive disorders affect the emotions of the victim such as happiness and sadness hence disrupting their ability to function. An example of this disorder is a premenstrual dysphoric disorder. Anxiety disorders, on the other hand, are characterized by future anticipations of misfortunes along with excessive worry. Examples of these disorders include panic disorders and phobias.

Trauma disorders as well belong to the category of treatable mental illnesses. They are adjustment disorders which make it hard for people to cope during and after stressful events. Examples of such disorders are post-traumatic stress disorders (PTSD) and acute stress disorders. Lastly, is the Neurocognitive disorders which affect both the thinking and reasoning ability of a person. They are mainly acquired cognitive problems rather than developmental. Others come as a result of diseases or injuries like traumatic brain injury or Alzheimer's disease.

To treat mental illnesses, different drugs have been prescribed depending on the category in which an illness falls under. For instance, to treat anxiety disorders, the commonly prescribed drugs include the antidepressants, beta-blockers and anti-anxiety medications. Antidepressants, particularly the SSRIs which include citalopram, escitalopram and fluoxetine treat anxiety by acting on the brain chemicals serotonin and norepinephrine. As their name suggest (selective serotonin reuptake inhibitors, SSRIs) these drugs affect serotonin which is a naturally occurring chemical in the brain. Serotonin usually regulates moods of a person which becomes imbalanced in case of anxiety issues. SSRI manages to reduce anxiety by preventing serotonin reuptake by the brain's nerve cells to stabilize their levels and hence regulate moods (Drugs That Treat Mental Illnesses).

For people suffering from Psychotic disorders, antipsychotic drugs are used. The antipsychotic drugs affect the neurotransmitter activities of the brain. By altering the functionality of these chemical messengers into normal, psychotic disorder symptoms such as delusions, mood swings, and hallucinations are lessened and controlled. The antipsychotic drugs which work through the alteration of dopamine exist in two types: typical (first-generation) and atypical (second-generation) antipsychotics. Typical antipsychotics work by blocking D2

receptors while second-generation antipsychotics work by blocking both the D2 receptors and serotonin receptors called 5-HT<sub>2A</sub>.

For victims of Bi-polar disorder, the prescribed drugs are the mood stabilizers, antipsychotics, and antidepressants. Mood stabilizers like lithium work by delaying the occurrence of different mood episodes. Just like in the case of Psychotic disorders, antipsychotics in this case also works by altering the functionality of these chemical messengers into normal, and hence psychotic disorder symptoms such as delusions, mood swings, and hallucinations are lessened and controlled while antidepressants, particularly the SSRIs which include citalopram, escitalopram and fluoxetine treat anxiety by affecting the serotonin which is a naturally occurring chemical in the brain (Star). Serotonin usually regulates moods of a person which becomes imbalanced in case of anxiety issues. SSRI manages to reduce anxiety by preventing serotonin reuptake by the brain's nerve cells to stabilize their levels and hence regulate moods.

Post-traumatic stress disorder which is the most common disorder under trauma disorders is treated using the serotonergic antidepressants (SSRIs), like sertraline, fluoxetine, paroxetine and all other medicines which reduce physical symptoms associated with the illness like clonidine, propranolol, and prazosin. SSRI works by altering serotonin, which is a naturally occurring chemical in the brain. Serotonin usually regulates moods of a person which becomes imbalanced in case of anxiety issues. SSRI manages trauma by preventing serotonin reuptake by the brain's nerve cells to stabilize their levels and hence regulate moods which are common among Trauma victims.

Although mental illnesses medications help a lot in managing the victim conditions, most of them usually have side effects which must be addressed before prescription. For instance, using antidepressants comes with a number of side effects. This is because they usually work by altering the balance of different chemicals in the brain (Department of Health & Human Services, 2015). When the chemical composition of the brain is altered, the resultant side effects include weird dreams, diarrhea, and jitteriness which usually disappear after one to two weeks. Others, like decreased sexual desires, usually last for longer periods. It's also important to note that side effects of antidepressants don't display to all people equally. They highly depend on the genetic makeup of individuals.

People taking antipsychotic drugs also face some challenges which are as a result of the drug side effects. They face stiffness and shakiness which can be reduced by lowering the dose. Also, people taking these drugs suffer from akathisia condition which is characterized by being uncomfortable and restlessness. Other side effects of this drug include tardive dyskinesia, constipation, blurred vision, weight gain, sleepiness and slowness, dry mouth condition and sexual problems which are as a result of hormonal changes. Not all the antipsychotics have side effects because the chances of second-generation or atypical antipsychotics to cause side effects are minimal (Corner, Gill & Mason, ( 2016).

All SSRI function the same when taken and may cause similar side effects, which are however experienced differently depending on the immune system of a person. Some of the side effects of these drugs usually disappear after the first few weeks of treatment, while others may persist for a longer period of time. The common side effects of SSRIs include nervousness, agitation, dizziness, blurred vision, insomnia, nausea, drowsiness, headache and sexual problems like the reduced desires and difficulties reaching orgasm.



The victims of bipolar disorders who take lithium as the main drug to stabilize moods, they also face a number of health challenges which are as a result of the drug side effects. After taking the drug, they take some short time before they become restless, start facing bloating or ingestion issues, develop joint and muscle pain, acne and unusual discomforts to cold temperatures (Department of Health & Human Services, 2015). Other side effects which are common among all other mood stabilizers include heartburn, headache, diarrhea, drowsiness, mood swings, dizziness, and constipation.

Medications work as expected when taken as per the prescriptions of the doctor. Unfortunately, when patients are left on their own, they rarely maintain drug treatment after they leave hospitals and other healthcare programs. Statistics indicate that the nonadherence rates averages between 71 and 97%. In order to convince participants in my program to maintain drug treatment even after leaving the program, I will use several strategies. The first strategy will be the provision of a remedy for respective drugs (Harvard Health Publishing). This is in consideration of the fact that most of the participants are likely to be scared by the side effects of these drugs. For that matter, providing remedies based on the prescribed drug will mitigate the possibility of their withdrawal as a result of those side effects

The second strategy will be based on patient education and psychotherapy. This is in consideration of the fact that patient education on illness and treatment forms the basis of any treatment plan. I will strive to make them understand the importance of the prescribed drugs in restoring their lives back to normal. This will be accompanied by encouragements on how after following the prescription of the drugs will be successful in life. Also, I will make them understand that failure to adhere to the prescribed drugs would make them even worse than their initial conditions (Harvard Health Publishing).

Thirdly, I will assure them of alternatives in case they feel like a certain drug isn't working for them when already they have left the program. For instance, a certain drug may have bad smell or taste and that may make some of them hate it and hence stop taking it as required. By assuring them of the possibility of having an alternative will mitigate the risk of those who would have stopped following or using a certain drug because it has one of the two characteristics (Harvard Health Publishing). This is because they will be free to connect with the program for the purposes of getting an alternative. In case there isn't an alternative for a certain drug, it will have created the opportunity to understand that the participant is not comfortable with the drug and hence can convince him or her in a way to make sure that he has changed his or her mentality towards the drug.

The treatments administered in my program will allow patients/inmates to re-integrate into their families, social settings, work settings and keep them from re-offending in various ways. First, those whom their main challenge was mood swings which could make them violent to an extent of injuring others will come out with stabilized moods which can be easily controlled when angry. This way, their families will have a peaceful time when interacting with them because there will be no more fear of being hurt or injured (Diagnostic and Statistical Manual of Mental Disorders). Consequently, since their moods will have stabilized, their possibility of re-offending will be minimal because they can control their tempers which will play a major role in avoiding violent behaviors.

For those who committed crimes as a result of hallucinations, the drugs prescribed will have restored their minds to function normally and hence committing crimes as a result of hallucinations will have been avoided. Family members will, therefore, be free to interact with them because their behavior would have changed to normal. Also, in the workplaces, workmates

will be free to interact with them because they will be behaving like any other normal person. Lastly, some of the offenses which are associated with hallucinations like raping and stealing will have been mitigated because the victims will be acting out of their normal behaviors and not out of hallucinations.

As a result of the drugs prescribed over the period of the program, victims of depressive disorders will stand a position of normal functioning again. This will make it possible for them to resume with their jobs because they will be back to normal conditions where they can listen to instructions and act without the interference of moods. To the family members, they will be helpful because they will be in a position to work and provide for their families if they are parents. This is unlike when under depressive disorder where slight changes in their moods would deter them from working normally.

For the victims of trauma disorders, the use of serotonergic antidepressants (SSRIs) in the course of the program would make them more rigid when coping with stressful conditions. Because most of the victims are normally suicidal in nature, their families usually live with fear because they can commit suicide anytime (Houser & Belenko, 2015). This makes the family members monitor all their steps especially when they are under stress. Their families would, therefore, be free from monitoring them or living in fear after they come out of the program.

The victims of anxiety disorders will also stand a position of normal functioning again. This will make it possible for them to resume with their jobs because they will be back to normal conditions where they can listen to instructions and act without the interference of moods. To the family members, they will be helpful because they will be in a position to work and provide for

their families if they are parents. This is unlike when under depressive disorder where slight changes in their moods would deter them from working normally.

When putting people under drug therapy programs, assessing the victim's previous chemical addictions is very important. This is because of the risks involved when people are put in drug programs where they have had chemical addictions previously. Considering the fact that one way to avoid falling back to drug abuse entails staying away or avoiding close contact with the drugs when a person is enrolled in a drug therapy program where he or she have had chemical addiction previously is likely to start using the drugs again. This is because in the program he or she will be interacting with fresh participants in the program who will be talking positive about his previous chemical addictions and that will definitely awaken his or her memories about the drugs hence falling back into the trap.

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