

MENTAL HEALTH SYMPTOMS BENCHCARD

This bench card aims to give judicial officers a general understanding of common mental health diagnoses (pg. 1), how these symptoms may present in the courtroom, and strategies you can use to support them (pg. 2).

Background information and careful assumptions

Mental Health Prevalence: The National Alliance on Mental Illness (NAMI) reports that approximately 1 in 5 U.S. adults experience mental illness. 1 in 20 experience a “serious mental illness.” This can make it hard to hold a job, maintain relationships, or sometimes even to take care of personal hygiene.

Trauma: *“Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort.”*— Bessel A. van der Kolk. Trauma is any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning. – American Psychological Association

Take-Away: It is safe to assume that the person in front of you has experienced some form of trauma. They already feel unsafe on a good day, and now they are in a very stressful situation. This may cause them to act in ways that are not typical for them, and it can make their mental health symptoms worse.

Definitions

Diagnosis (singular), Diagnoses (plural): A.) The art or act of identifying a disease from its signs and symptoms. B.) Investigation or analysis of the cause or nature of a condition, situation, or problem. - Merriam-Webster.

Symptoms: A.) Subjective evidence of disease or physical disturbance. B.) Something that indicates the existence of something else. Example- A fever indicates that someone may be sick. - Merriam-Webster.

Co-Morbid or Co-Occurring: Existing simultaneously with and usually independently of another medical condition. - Merriam-Webster. This can mean any combination of multiple mental health, substance use, or physical health disorders. Most commonly in the behavioral health field, it implies mental health and substance use together.

The table below has some common diagnoses and their symptoms. This is just to familiarize you and to have a quick reference as you need. Later there will be a table about how to spot them and how to respond.

Diagnosis	Symptoms
Anxiety and Panic	Excessive worrying, inability to control worry, difficulty sleeping, muscle tension, panic attacks.
Depression	Low mood, minimal or no motivation or desire to do things (even things they enjoy), weight loss or gain, sleep changes, feelings of shame/guilt/worthlessness, suicidal thoughts, anger outbursts.
Bipolar	Grandiosity (thinking very highly of oneself and their abilities), lack of sleep, irritability, impulsiveness (spending lots of money, quitting jobs, breaking off longstanding relationships), talking very fast AND/OR depression symptoms.
Schizophrenia	Delusions (fixed ideas that won’t change), hallucinations (false perceptions of the senses), speech that doesn’t seem connected, motor movements that seem purposeless, no facial expressions, no motivation or desire to do things.
Substance use	Alcohol- Slurred speech, red eyes, flushed face, unsteady walking, poor balance. Methamphetamine- Confusion, paranoia, sleep difficulties, open sores, tooth and gum issues. Opioids- Falling asleep, “nodding off,” discolored lips or fingernails, crossed eyes or wandering eye. Cannabis- Euphoria, anxiety, increased appetite, difficulty concentrating, psychosis.
Personality Disorders	Interpersonal conflicts, emotional distress, behavioral concerns, impulsiveness, frequent changes in behavioral health providers.

Anxiety/Panic

Courtroom behaviors: Observable fear, hesitation, communication difficulties, avoidance, absence in some cases.

Potential impacts on parenting: Avoidance, low tolerance for stressful interactions, overprotectiveness due to fear of unknowns.

Support strategies: Verbal praise for attendance. "It's good to see you here, thank you for coming in today." Clear and concise directions about expectations without threatening tone. Allow questions for clarification and breaks when the person appears overwhelmed.

Depression

Courtroom behaviors: Apathy (does not appear to care about anything), low mood, sadness, communication problems, anger outbursts.

Potential impacts on parenting: Inconsistency, minimal emotional availability and engagement, less structure in daily routines.

Support strategies: Verbal praise for attendance. "It's good to see you here, thank you for coming in today." Clear and concise directions about expectations without a threatening tone. Normalize symptoms without minimizing their experience. "It can be really difficult when we have so much on our plates."

Bipolar disorders

Courtroom behaviors: Drastic shifts in energy levels between hearings, rapid/pressured speech, appears overwhelmed, irritable, grandiose

Potential impacts on parenting: Emotional intensity, deviations from typical routine, inconsistent participation.

Support strategies: Clear and concise directions about expectations without a threatening tone. Provide written reminders when possible. Check in with them regularly. "How have you been doing lately?" "Are you getting good sleep?"

Schizophrenia and Psychosis

Courtroom behaviors: Minimal facial expressions (flat affect), agitation, distrust of the court team, difficulty answering questions or following conversations, motor movements that seem excessive or purposeless to other observers.

Potential impacts on parenting: Impairments in emotional availability of the parent, inconsistent parental supervision due to disorganized thoughts, difficulty responding to the child's emotional cues. Possible safety concerns if delusions involve the child.

Support strategies: Provide clear directions and redirect the person if they are disorganized. Don't confront or reinforce delusions. Helpful statement- "I understand that is very important to you right now. We need to finish talking about this right now."

Substance Use: Cannabis, Opioids/Opiates, Stimulants (Cocaine, Methamphetamines, Prescription stimulants), Alcohol

Courtroom behaviors: Significant changes in baseline behaviors, frequent tardiness or missed appointments, observable physical changes such as unsteady gait (walking), changes in motor movements, slurred speech, drowsiness, slurred speech.

Potential impacts on parenting: Impaired decision making, prioritization of substances over personal health or needs of the child, emotional instability.

Support strategies: Recommend co-occurring treatment providers, increase frequency of check-ins, identify and address unmet needs like physical health, childcare support, or food insecurities.

Disclaimer: This is not a comprehensive list of personality disorders. Rather, those listed are statistically the most likely for you to encounter when working in the legal/judicial realm. Mental health professionals will often avoid giving these diagnoses, as they are associated with high levels of stigma.

Borderline Personality Disorder: Characterized by emotional reactivity, suicidal gestures/actions, frantic efforts to avoid abandonment, idealizing and devaluing individuals (i.e., placing people on a pedestal or demonizing them).

Courtroom behaviors: Emotional “outbursts,” remarks that others have or will abandon them, idealizing or demonizing someone in the courtroom. This could sound like “All my therapists have been horrible,” or “You’re the best judge I’ve ever had, I wish they were all like you.”

Potential impacts on parenting: Emotional instability and/or unavailability, inconsistent responses to children, role reversal such that the children become caregivers, intense relationships with co-parents or other support members.

Support strategies: Maintain consistent boundaries and responses between all team members, validate feelings while maintaining boundaries, avoid sudden changes when possible, encourage DBT-based supports. “I know that you have a lot going on and that is stressful. I do have to remind you that if you can’t make it to your appointment, you need to let someone know.”

Antisocial Personality Disorder: A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15.

Courtroom behaviors: Rapid shifts in cooperation, justifications for not completing tasks or follow through with recommendations, may appear to be confident or charming, unconcerned about potential consequences or outright denies their validity.

Potential impacts on parenting: Inconsistent ability to provide supervision to children, impulsive decision making, involving the child in relationships or environments that may be unsafe, tendency to ignore possible risky scenarios or situations.

Support strategies: Maintain consistent boundaries and responses between all team members, do not initiate or play into power struggles, set clear behavior expectations and follow through with proposed consequences, reinforce positive choices and accountability.

Histrionic Personality Disorder: A pervasive pattern of excessive emotionality and attention seeking.

Courtroom behaviors: Attempts to make themselves the center of attention (even by way of acting out), inappropriate or sexually provocative behaviors, shallow expressions of emotions (these may appear as if they are acting an emotion they don’t actually feel), eccentric or unusual clothing/attire, assumes a romantic quality to relationships.

Potential impacts on parenting: Emotional volatility, the parent’s needs for validation or attention overshadow their care for the child, role reversal such that the child takes on the caregiver role, impairments in social development.

Support strategies: Maintain consistent expectations and hold them to said expectations, reinforce accountability and adherence to expectations, provide external motivators when possible (incentives, consequences), avoid engaging with inappropriate behaviors or remarks.

Closing reminders:

1. Always remember that the person you are talking to has likely experienced a traumatic history.
2. Many diagnoses have similar symptoms. Most of the time, addressing the symptom is more important than knowing the diagnosis. For example- Someone might be disorganized because of schizophrenia, or because of mania. Either way, being clear, concise, and consistent will likely help support them.
3. Never engage in power struggles. Acknowledge the person’s point of view, set the expectations including where there is room for negotiation vs what is set in stone, and follow through with the expectations.