

MHUU News

Monthly Newsletter of the Houston Police Department's Mental Health Unit July 2009

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C O V E R S T O R Y

Cadet Uses CIT Training During Ride-Along and With Relative

Cadet W. T. "Todd" Blevins, in cadet class 203, utilized his CIT training during his ride-along with a veteran officer and with a relative who attempted suicide.

Cadet Blevins checked by on a suicide call during his ride-along. They arrived to find a two-man unit on the scene. The primary officers had made contact with the complainant, a suicidal female. They were waiting for a CIT officer to talk to her about her suicidal thoughts. Cadet Blevins mentioned he had completed CIT training and asked if he could speak with the female. The officers told him to go ahead.

Cadet Blevins talked with the female for 35 to 45 minutes. He stated the CIT training he received in the academy prepared him for this

situation. He got right to the point and asked her if she was seriously considering committing suicide. She said that she was depressed over her break-up with her boyfriend and had contemplated committing suicide. Realizing that most people are ambivalent about dying, Cadet Blevins talked about the finality of the act; said most people want to end their pain, not her life; talked about resources to help her; and discussed the impact suicide would have on the ones she loved and who loved her. By the end of



their conversation, Blevins believed she was no longer seriously contemplating suicide.

Cadet Blevins had another opportunity to use his CIT training when a relative attempted suicide by taking an overdose of pills. Before taking the training, Blevins stated he, like most people, thought it was best to stay away from talking about suicide. He said he had always heard it could push the suicidal person into it. He learned through CIT training that it is necessary to address the issue. He talked to his relative about his suicidal thoughts, discussed the reality and finality of the act, and talked about the impact it would have on his loved ones. His relative now realizes the huge mistake he almost made.

Officer Intake Area of the NeuroPsychiatric Center to Expand

Strict confidentiality laws mandate that the processing of consumers into mental health facilities be done in private. Fines can be levied against facilities not adhering to these laws.

Unfortunately, the NeuroPsychiatric Center (NPC) was designed with only one interview room in the officer intake area. Thus, only one consumer may be processed at a time. As law enforcement officers are increasingly taking consumers in for emergency psychiatric evaluation, at times officers wait in lines outside to be processed. This prolongs their time at the NPC and is an officer safety issue.

Processing more than one consumer at a time was not an issue during final design of the NPC in 1998. At that time, the number of consumers being brought in by law enforcement for evaluation was no where near the number being brought in today. The one room was sufficient until the last two to three years.

Lieutenant Mike Lee discussed the situation we have today with Dr. Steven Schnee, Executive Director of the Mental Health Mental Retardation Authority (MHMRA) of Harris County, which runs the NPC. Lieutenant Lee recommended an expansion of the officer intake area. Dr. Schnee was very receptive and approved the



expansion. The officer intake area will be expanded from one interview room to three. After the expansion, three officers will be able to be processed at one time. Also, the NPC administration is working with the architects to design a waiting area for a fourth officer.

Renovation is expected to start in September and will take three to four months to complete. It will be an inconvenience for everyone during renovation. Officers will still park in the back but an alternate location will be used for processing. There are no



expectations at this time to close the back dock.

We are very fortunate to have a facility like the NPC. Most law enforcement agencies in Texas utilize the state hospitals for emergency psychiatric evaluations. Until just a few years ago, there were times when Austin Police Department officers transported consumers in need of emergency psychiatric evaluation from Austin to the El Paso State Hospital! Officers in the Brownsville area of Texas routinely transport consumers to the San Antonio State Hospital. Law enforcement personnel in the Nacogdoches area of Texas routinely transport consumers to El Paso!

In many jurisdictions, officers cannot take consumers to their facilities if the consumer is violent, abusing alcohol or drugs, or a juvenile. Fortunately, we do not have these restrictions at either Ben Taub or the NPC and we have administrators who work with us toward our goal of getting the officer back on the street as soon as possible.

Transcranial Magnetic Stimulation (TMS)

What is transcranial magnetic stimulation?

Transcranial magnetic stimulation (TMS) is a technique for gently stimulating the brain. It utilizes a specialized electromagnet placed on the patient's scalp that generates short magnetic pulses, roughly the strength of an MRI scanner's magnetic field but much more focused. The magnetic pulses pass easily through the skull just like the MRI scanner fields do, but because they are short pulses and not a static field, they can stimulate the underlying cerebral cortex (brain). Low frequency (once per second) TMS has been shown to induce reductions in brain activation while stimulation at higher frequencies (> 5 pulses per second) has been shown to increase brain activation. It has also been shown that these changes can last for periods of time after stimulation is stopped. TMS was first developed in 1985, and has been studied significantly since 1995.

What disorders has TMS been shown to be useful for?

TMS is currently being investigated as a potential treatment for patients with major depression, patients who experience hallucinated "voices" and a variety of other psychiatric and neurological disorders. Over 1500 patients have been studied with TMS. For patients with major depression, many, but by no means all studies have shown clinical improvement following TMS. Recent studies that have used newer technology and



Picture of Michael Forbes Wilcox receiving TMS treatment. Picture taken from website: www.mfw.us/rTMS-experience

stronger stimulation have shown much improved results. These pilot studies have taught researchers about how to better use TMS for depression.

What does it feel like to receive TMS?

Generally TMS produces a slight knocking or tapping sensation on the head. This is also associated with a tapping sound produced by the TMS device. When administered at some stimulation sites it can cause contraction of the muscles of the scalp and occasionally the jaw. Mild headache and transient lightheadedness may sometimes result from TMS. These symptoms usually resolve by themselves shortly after the treatment is over.

Are there any side-effects or risks associated with TMS?

Yes. The main risk of TMS is inducing a seizure, though with close monitoring this complication has been very rare. No seizures have been reported in the scientific literature since safety guidelines have been implemented. For stimulation at low frequency (once per second) there have been no reports of seizures.

Insofar as the brain is directly stimulated by TMS, there is a potential risk of disturbing the brain's normal functions. However, in depression studies reported so far, no cognitive side effects like loss of memory, negative changes in concentration and other cognitive capacities have been reported. This is in stark contrast to the well known cognitive side effects associated with electroconvulsive therapy (ECT).

TMS recently approved by the FDA

TMS has recently been approved by the FDA and is being used by researchers with the National Alliance for Research on Schizophrenia and Depression (NARSAD) to treat depression and schizophrenia successfully and is now being tested on patients with obsessive compulsive disorder.

Information from National Alliance on Mental Illness website and NARSAD publication [Discovering better treatments and cures for mental illness](#) (pamphlet mailed June 2009).

CIRT Office Location and Phone Number Listings

The Crisis Intervention Response Team (CIRT) has a new office facility located at 1900 Rusk Street, in the Special Operations Division, on the second floor. The office phone numbers are as follows:

- 832-394-0054 (office)
- 832-394-0058 (supervisor)
- 832-394-0059 (fax)

CIRT is a 24-hour operation with citywide coverage. In the event a patrol supervisor needs to contact a CIRT unit in the field, they may call the following mobile cell phone numbers:

- 281-900-7277 (day shift)
- 281-705-7592 (evening shift)
- 281-705-7895 (night shift)

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