

I21 Confinement and Psychotic Decompensation: A Forensic Perspective

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Learning Overview: The goals of this presentation are to introduce a broader understanding of mental pathology and, specifically, of psychotic disorders and provide the ability to empathize with the patient/client.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by describing active listening of the patient and increasing the efficiency and honesty in professional intervention (ethics and correctness in the professional practice).

There has been a recent increase in consults for clients who are suffering from acute symptoms of psychosis, including schizophrenia, delusional disorders, bipolar disorder, and others. While consultants often perform evaluations of this type, there has been an unusual increase in the amount of consults that have occurred during the COVID-19 pandemic.

As is well known, symptoms of psychosis are difficult to treat and patient adherence to pharmacological interventions is poor. The support of first-degree relatives and involvement in their care significantly increases adherence and improves outcomes. With the help of these family members, the patients can be linked to care and services they may not otherwise receive. In direct contrast to this, patients without primary family support are the most vulnerable in the system, become fragile, and are more prone to psychotic decompensation and reactive psychosis. Ultimately, it becomes very difficult for providers to intervene in a meaningful way with these populations.

During the COVID 19 pandemic, populations have been ordered into confinement and social isolation for periods of at least two months and many times longer. This has exposed already vulnerable populations to increased stressors and led to decreased compliance, whether volitional or due to lack of resources. Those individuals who have been isolated from their family supports who may otherwise maintain stability have seen an increase in psychotic decompensation along with the patients without primary support.

There is evidence that these decompensations have led patients to seek legal counsel as a result of harmful pathological thought content, including delusions and hallucinations. Because the thought content of those suffering from psychosis (especially those in an acute crisis/psychotic decompensation) is disorganized, they are difficult to advise. Whether their psychosis presents as part of a primary psychotic disorder or a personality disorder, these delusions are typically rigid and indelible.

This creates significant challenges for legal counsel, especially when attempting to explain that they have no legal claim. Attorneys must bear in mind their work economy, economy of emotional involvement in legal matters, the financial concerns of the client, and the client's reputation. No less significant is their reputation as a firm for bringing cases that have no legal standing.

It is important for attorneys to learn language to watch out for, including statements such as "someone is chasing me," "they have hurt me," "they have put microphones under the tables in my house or in the breadcrumbs." When asking clarifying questions such as "Who is persecuting you?," "Who hurts you?," "Who is bugging you?," the answers are likely to be vague, imprecise, and elusive. Rarely will a clear and logical story be elucidated. These things may signal the importance of consulting a psychiatric expert.

Overall, the pandemic has put significant stress on the world population, and individuals who would otherwise be able to compensate have exhausted their resources. The legal field and forensic and criminal psychology have felt that increased stressor through increased consults. This is likely to continue for some time into the future.

Confinement, Psychotic Decompensation, Forensic Psychology