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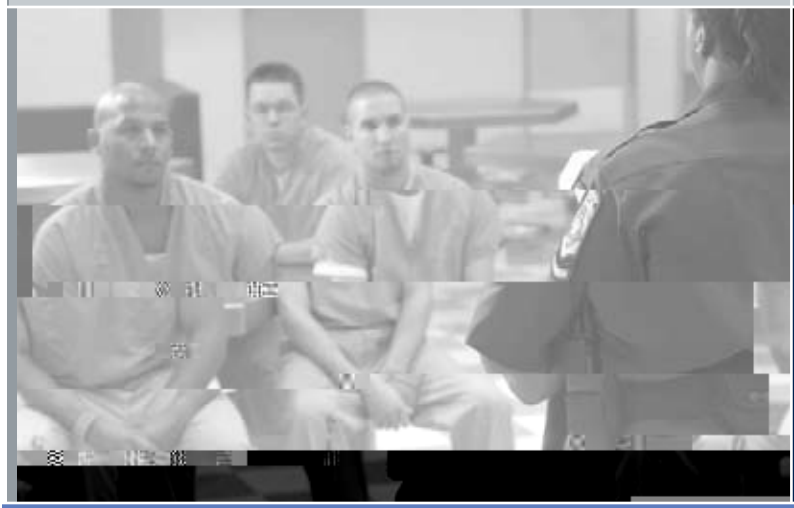

Mental Health Screens for Corrections

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Mental Health Screens for Corrections

This Research for Practice is based on two final reports to the National Institute of Justice: "Evidence-Based Enhancement of the Detection, Prevention, and Treatment of Mental Illness in the Correction Systems," by Ford and Trestman, August 2005, NCJ 210829, available online at www.ncjrs.org/pdffiles1/nij/grants/210829.pdf; and "Validating a Brief Jail Mental Health Screen," by Osher, Scott, Steadman, and Robbins, November 2004, NCJ 213805, available online at www.ncjrs.org/pdffiles1/nij/grants/213805.pdf.

ABOUT THIS REPORT

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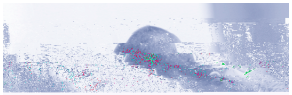

About the Authors

Dr. Julian Ford and Dr. Robert L. Trestman are with the University of Connecticut Health Center, Farmington, Connecticut. Dr. Fred Osher and Dr. Jack E. Scott are with the Center for Behavioral Health, Justice, and Public Policy, Baltimore, Maryland. Dr. Henry J. Steadman and Pamela Clark Robbins are with Policy Research Associates, Inc., Delmar, New York.

As corrections staff across the United States struggle to keep up with the rapid influx of new inmates while maintaining a secure environment, their efforts are increasingly hampered by the presence of individuals with serious mental illnesses who are entering corrections facilities in growing numbers. Numerous studies show that jail detainees have a significantly higher rate of serious mental illness (e.g., bipolar disorder, major depression, schizophrenia, and other psychoses) than the general population.[1] One pair of studies reported that approximately 6 percent of men and 15 percent of women who were admitted to Chicago's Cook County jail displayed severe symptoms of mental illness and required treatment.[2]

Many serious mental illnesses are chronic and are subject to exacerbation and relapse. The stress of incarceration can worsen symptoms in persons with preexisting mental disorders, leading to acute psychiatric disturbances, including harm to self or others; inmates with

highly variable; they may consist of anything from one or two questions about previous treatment to a detailed, structured mental status examination. One result of this variability is apparent in data that showed fully 63 percent of inmates who were found to have acute mental symptoms through independently administered testing were missed by routine screening performed by jail staff and remained untreated.[7]

Clearly, there is a pressing need to develop valid and reliable procedures to screen incoming detainees for signs and symptoms of acute psychiatric disturbance and disorder.

without specialized mental health training, but may receive brief informal training before administration.

Criteria for Detecting Mental Illness in Jails

When inmates enter a corrections facility, the staff's first task is to separate out those who may be at significant risk for suicide, acute psychotic breakdown, or complications from recent substance abuse from those who are merely experiencing varying degrees of distress usually associated with arrest, conviction, and detention.

Effective mental health triage in the corrections setting can be viewed as a three-stage process: (1) routine, systematic, and universal mental health *screening* performed by corrections staff during the intake or classification stage, to identify those inmates who may need closer monitoring and mental health assessment for a severe mental disorder; (2) a more indepth *assessment* by trained mental health personnel conducted within 24 hours of a positive screen; and (3) a full-scale psychiatric *evaluation* when an inmate's degree of acute disturbances warrants it.

Screening is the crucial part of the process, because it is the primary means by which staff can determine which inmates require more specialized mental health assess-
mental health triage

version of the RDS consists of three scales—one each for schizophrenia, bipolar disorders, and major depression—incorporating 14 items predictive of these disorders that were derived from the National Institute of Mental Health's Diagnostic Interview Schedule (DIS).[14] Each of the scales contains a cutoff score that, if met or exceeded, should result in a referral for mental health assessment.

Research has provided preliminary evidence of the validity of the RDS by comparing

complete SCID plus additional screening questions.

Statistical analysis was performed, separately by gender, to determine the questions with the most statistical sensitivity, specificity, and predictive power to measure nine clusters of mental health disorders, including current depressive disorders, current anxiety disorders, antisocial personality disorder, and posttraumatic stress disorder (PTSD). On the basis of this initial analysis, some questions were eliminated and others that were judged redundant were combined. The result was two composite pools, one with 38 items for women and one with 40 items for men. Additional,

of inmates, thus providing reasonable certainty of identifying inmates in need of mental health services without burdening mental health providers with the responsibility of evaluating inmates who have less serious mental health problems.

The CMHS–W has additional relevance because it is the first mental health screen developed and validated specifically for women. In contrast to prior studies that either have not included jailed women, have included female inmate samples too small to develop gender-specific screening instruments, or used a single screening measure for both genders, the CMHS–W shows promise as a mental health screen for newly incarcerated women in jails.

Brief Jail Mental Health Screen

Development. The BJMHS is directly derived from the RDS. Because the existing RDS scales have not performed well in discriminating among schizophrenia, bipolar

Valida [illegible]. Although the BJMHS was intended to be a step forward in the evolution of the RDS, important questions remained about its operation in a jail setting. Among the most important—what was the validity of the BJMHS when compared to a "gold standard" such as the SCID? The SCID must be administered by a carefully trained clinician and typically takes between 1 and 2 hours to complete. A study was devised to test the concurrent validity (that is, validity when compared against an independent, validated instrument) of the BJMHS in relation to the SCID.

Corrections classification officers in four county jails—two in Maryland and two in New York—participated in information sessions that provided training on administration of the BJMHS. This unstructured training, which took place in the jails, included a brief description of the research project and instructions on completing the BJMHS during the intake process.

Participants in the validation study were 11,438 male and female detainees admitted to one of the four jails between May 2002 and January 2003. All participants were given the BJMHS upon admission to the jails.

The BJMHS data were used to identify a subsample of detainees (approximately 90 from each jail) who were given a detailed clinical assessment conducted by a trained research interviewer using the SCID. This subsample was designed to comprise a large enough number of females to enable separate analysis by gender.

The results showed that the BJMHS referrals and nonreferrals matched the SCID findings of serious mental illness or no serious mental illness for 73.5 percent of males and 61.6 percent of females. There were 20 false negatives among males (14.6 percent of male nonreferrals) and 33 false negatives among females (34.7 percent of female nonreferrals). The large percentage of female false negatives was cause for concern.

An examination of the false negatives among both men and women showepS124.6 omes anio

intake. Whatever the explanation, research is needed to create an appropriate jail intake screen for women. The developers of the BJMHS have received additional NIJ funding to test and refine the screen further for female inmates.

Both Screens Meet Needs at Intake

Both the BJMHS and the two gender-specific versions of CMHS offer improvement over existing tools in standardizing and increasing the accuracy of initial mental health screening in corrections facilities. Their brevity, use of yes/no questions, simple scoring techniques, and *availability at no cost* make them well suited for quick mental health screening of large numbers of inmates during intake. Their effectiveness in identifying inmates in need of mental health treatment compares favorably with the longer, more cumbersome, and training-intensive tools currently used in clinical assessments. Based on their successful validation results, it is anticipated that these tools will be disseminated nationwide for use in all corrections facilities.

Notes

1. See, for example, Jemelka, Ron, Eric W. Trupin, and John A. Chiles, "The Mentally Ill in Prisons: A Review," *Hospital and Community Psychiatry* 40 (May 1989): 481–490; Teplin, Linda A., "The Criminalization Hypothesis: Myth, Misnomer, or Management Strategy," in *Law and Mental Health: Major Developments and Research Needs,* ed. S.A. Shah and B.D. Sales, Rockville, MD: National Institute of Mental Health, 1991: 149–183.

2. Teplin, Linda A., "Psychiatric and Substance Abuse Disorders Among Male Urban Jail Detainees," *American Journal of Public Health* 84 (February 1994): 290–293; Teplin, Linda A., Karen M. Abram, and Gary M. McClelland, "Prevalence of Psychiatric Disorders Among Incarcerated Women," *Archives of General Psychiatry* 53 (June 1996): 505–512.

3. Toch, Hans, and Kenneth Adams, "Pathology and Disruptiveness Among Prison Inmates," *Journal of Research in Crime and Delinquency* 23 (1) (February 1986): 7–21; Toch, Hans, Kenneth Adams, and James Douglas Grant, *Coping: Maladaptation in Prison,* New Brunswick, NJ: Transaction, 1989; McCorkle, Richard C., "Gender, Psychopathology and Institutional Behavior: A Comparison of Male and Female Mentally Ill Prison Inmates," *Journal of Criminal Justice* 23 (1) (January 1995): 53–61; Lindquist, Christine H., and Charles A. Lindquist, "Gender Differences in Distress: Mental Health Consequences of Environmental Stress Among Jail Inmates," *Behavioral Sciences and the Law* 15 (Autumn 1997): 503–523.

In the United States, it is the main reference used by mental health professionals to diagnose mental

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The CMHS is a tool designed to assist in the early detection of psychiatric illness during the jail intake process. The Research Team under the direction of Drs. Julian D. Ford and Robert L. Trestman at the University of Connecticut Health Center developed this Correctional Mental Health Screen for Women (CMHS-W), with a grant funded by the National Institute of Justice.

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Correctional Officers may administer this mental health screen during intake.

Name:	Detainee's name- Last, first and middle initial
Detainee#:	Detainee's facility identification number
Date:	Today's month, date, year
Time:	Current time (24hr or AM/PM)

may be administered as best suits the facility's policies and procedures and the reading level, language abilities, and motivation of the detainee who is completing the screen. The method chosen should be used consistently. Two recommended methods:

- Staff reads the questions out loud and fills in the detainee's answers to the questions on the form
- Staff reads the questions out loud, while the detainee reads them on a separate sheet and fills in her answers

Each question should be carefully read, and a check mark placed in the appropriate column (for "NO" or "YES" response).

The staff person should add a note in the Section to document any information that is relevant and significant for any question that the detainee has answered "YES."

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The CMHS is a tool designed to assist in the early detection of psychiatric illness during the jail intake process. The Research Team under the direction of Drs. Julian D. Ford

Appendix B

Brief Jail Mental Health Screen

Section 1

Name: _____ (First MI Last)	Detainee #: _____	Date ___/___/_____	Time: _____ AM PM

Section 2

Questions	No	Yes	General Comments
1. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			

[redacted]

[redacted]

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