MAY 07

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Mental Health Screens for Corrections

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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.

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NCJ 216152

ABOUT THIS REPORT

Identifying entering inmates' mental health needs when they first enter an institution is critical to providing necessary services and enhancing safety in corrections settings. The purpose of the two projects discussed in this report was to create and validate mental health screening instruments corrections staff can use during intake.

What did the researchers find?

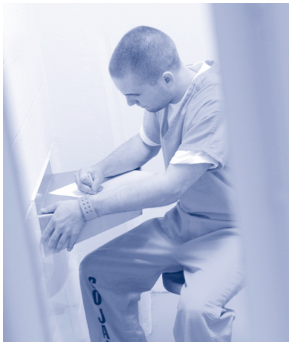
The researchers created short questionnaires that accurately identify inmates who require mental health interventions. One mental health screen was found to be effective for men and is being adapted for women; the other has effective versions for both men and women.

Who should read this report?

Corrections administrators and mental health professionals.

Julian Ford and Robert L. Trestman/Fred Osher, Jack E. Scott, Henry J. Steadman, and Pamela Clark Robbins

Mental Health Screens for Corrections



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 histories of *severe* mental illness may present an even greater risk. Moreover, several studies have shown that inmates with psychiatric impairment may exhibit more serious and more numerous adjustment and disciplinary problems (such as refusal to leave one's cell or destruction of property) during incarceration than unimpaired inmates.[3]

Prisons and jails have a substantial legal obligation to provide health and mental health care for inmates.[4] Case law and statutes have not provided a clear definition of what constitutes adequate mental health care. The American Psychiatric Association has, however, recommended that all corrections facilities provide at minimum mental health screening, referral, and evaluation; crisis intervention and short-term treatment (most often medication); and discharge and prerelease planning.[5] A national survey of 1,706 U.S. jails reported that 83 percent of them provide some form of initial screening for mental health treatment needs.[6] Still, screening procedures are

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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.

Researchers funded by the National Institute of Justice have created and tested two brief mental health screening tools and found that they are likely to work well in correctional settings. These tools are the Correctional Mental Health Screen (CMHS)[8] and the Brief Jail Mental Health Screen (BJMHS).[9] The tools are in the appendixes.

CMHS. The CMHS uses separate questionnaires for men and women. The version for women (CMHS–W) consists of 8 yes/no questions, and the version for men (CMHS–M) contains 12 yes/no questions about current and lifetime indications of serious mental disorder. Six questions regarding symptoms and history of mental illness are the same on both questionnaires; the remaining questions are unique to each gender screen. Each screen takes about 3–5 minutes to administer. It is recommended that male inmates who answer six or more questions "yes" and female inmates who answer five or more questions "yes" be referred for further evaluation.

BJMHS. The BJMHS has 8 yes/no questions, takes about 2–3 minutes, and requires minimal training to administer. It asks six questions about current mental disorders plus two questions about history of hospitalization and medication for mental or emotional problems. Inmates who answer "yes" to two or more questions about current symptoms or answer "yes" to either of the other two questions are referred for further evaluation. Instructions for administering the screen appear on the back of the form. Corrections classification officers, intake staff, or nursing staff can administer the screen

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 assessment or evaluation, as well as treatment. Unless inmates are identified as potentially needing mental health treatment, they will not receive it.

Screening, however, is the weak link and, as already noted, varies considerably. Until now, there were no valid, standardized tools available that could be recommended for adoption nationwide.

A valid standard screen needs to be *brief*, because corrections classification staff have only a limited amount of time to spend with any one inmate. It also needs to provide *explicit decision criteria,* because the mental health training and experience of corrections staff is likely to be relatively low. Corrections staff traditionally are confident in their ability to discern overtly psychotic symptoms, but are considerably more uncertain about identifying less obvious—though equally serious—signs and symptoms of anxiety and depression. Thus, they need a tool that can provide them with the basis for a clear decision ("refer" or "don't refer").

A useful jail mental health screen also needs to exhibit a *low false-negative rate*—that is, it would not miss many inmates who have a serious mental disorder because the potential consequences of not treating an inmate with a serious mental illness could be grave. On the other hand, it must have a *low false-positive rate* too, because mental health resources in corrections settings are scarce and burdening trained mental health staff with the need to assess many people who do not have a serious mental illness is an inefficient use of their time. Thus, an effective mental health screening tool would have a *high degree of predictive validity,* in that most of the people who are flagged by it as being "positive" should, on further assessment, be found to have a treatable serious mental illness.

Different Instruments for Different Needs

There are few available screening tools that meet all of these criteria. Symptom checklists, like the Symptom Checklist-90 and the Brief Symptom Inventory (BSI),[10] focus on the recent, self-rated experience of specific symptoms within the past week. These checklists have 90 and 53 items, respectively, and require more time to administer than is desirable. Another major drawback for the use of the BSI is its cost, which is currently more than $1 per administration. Rating instruments like the Brief Psychiatric Rating Scale[11] and the Schedule of Affective Disorders and Schizophrenia—Change Version[12] require independent symptom ratings by a clinically-trained interviewer. Although they can be useful as part of a followup assessment, these instruments are not practical for use as a screen by corrections staff.

One instrument that has shown promise for meeting the key criteria is the Referral Decision Scale (RDS),[13] which was designed to serve as a rapidly administered and easily scored screening tool for use in corrections settings. As a screening tool, it was not developed to diagnose disorders, nor was it intended to serve as a measure of the severity of dysfunction. Rather, the RDS was meant to flag signs and symptoms of gross impairment associated with serious mental health disorders. The final published

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 results of the RDS with those of the parent instrument, the DIS.[15] On lifetime diagnoses of schizophrenia, bipolar disorders, and major depression, the average *sensitivity* of the three RDS scales (how well they detect illness among inmates who are truly ill, as defined here by the DIS) was reported as 88 percent, and the mean *specificity* (how well they detect no illness among inmates who do not have a disorder) was 99 percent. Several researchers have raised questions, however, about the RDS's content and validity. Notably, one group of researchers[16] questioned whether several items in the RDS scales were appropriate for use with incarcerated individuals, and whether the use of lifetime occurrence of symptoms rather than current symptoms may overestimate the current need for further mental health services.

In response to these concerns, two teams of researchers set about to create and validate even better screens. One team's screen, the CMHS, began as an amalgam of the RDS and three other diagnostic tools. The other screen, the BJMHS, is a major revision of the RDS.

CMHS: A Gender-Specific Screen

Development. The CMHS–W and CMHS–M were developed by first presenting to study participants a lengthy, 25-minute composite of all the questions from four separate screens, including the RDS and part of the Structured Clinical Interview for DSM–IV (SCID).[17] The composite contained 53 items. The study participants were 2,196 adults detained in 5 State of Connecticut jails. About one-fifth of the participants were randomly selected to be brought back 1–5 days later for an even lengthier clinical assessment (45–180 minutes) consisting of the

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, complex analysis was then performed[18] leading to the 8-item CMHS–W and 12-item CMHS–M, each of which takes 3–5 minutes to administer. (See the forms in appendix A.) These final versions were validated on an additional group of 206 participants, using the same protocol as the first phase of the study.

Validation. Statistical analysis of the validation test results against the clinical assessments showed that the new screens proved highly valid in identifying depression, anxiety, PTSD, some personality disorders, and the presence of any undetected mental illness. The CMHS–W was 75.0 percent accurate in correctly classifying female inmates and the CMHS–M was 75.5 percent accurate in correctly classifying male inmates as having a previously undetected mental illness.[19]

Interestingly, the clinical assessments that were performed found the incidence of serious mental illness among the participants to be far higher than in the general population and comparable to that in psychiatric settings. This finding is especially significant given that inmates who had already been referred for mental health hospitalization were excluded from the study.

Assessment. The CMHS accurately identifies individuals in corrections settings with mental illness. Validation testing confirmed that versions for both women and men showed evidence of reliability, validity, and predictive utility in relation to the accurate identification of undetected psychiatric disorders. Both correctly classified at least 75 percent

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 disorders, and major depression, the scoring approach for the BJMHS was to develop a single composite scale. Thus, a positive score now indicates that an individual has recent or acute symptoms associated with any one or more of the three disorders. The number of items was reduced from the original 14 to a smaller set of 8 items by eliminating items that had questionable validity and did not contribute statistically to the composite scale. Several items were rephrased to provide clearer wording. Finally, the timeframe employed by the RDS was changed from lifetime occurrence to "currently." (See the form in appendix B.)

The BJMHS takes, on average, about 2.5 minutes to administer. Step-by-step instructions for recording an inmate's responses are printed on the back of the interview form. The first six questions ask about specific current symptoms. Two additional questions ask whether the inmate has ever been in a hospital for emotional or mental health problems and if he or she is currently taking any medication prescribed by a physician for any emotional or mental health problem. Anyone who scores positively on *two or more* current items, or *either* the hospitalization or medication item should be referred to mental health services for immediate attention.

Validation. 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 showed that 2 of the 20 men and 6 of the 33 women were missed because the screen focused solely on current symptoms as opposed to symptoms in the past 6 months.

Another problem was the inconsistent reporting of symptoms. All the questions asked on the BJMHS were repeated during the SCID interview. They were either part of the SCID or added for the research study. In all but seven of the false negative cases, the inmates reported different information to the SCID interviewer than they had to the corrections officer. Had they reported the same information on the BJMHS, they would have been referred for further mental health assessment and only one male case and six female cases would have been missed.

Assessment. In light of these data, the BJMHS is shown currently to be a powerful tool for screening men booked into U.S. jails. It is simple to use for intake officers, requires only modest training, and is almost 74 percent accurate. Based on correction officer feedback, the creators of the BJMHS recommend the following to maximize accuracy:

- Detailed training of corrections staff on proper administration of the screen, including clarifying the purpose of the screen and providing help with interviewing techniques.
- Administration of the screen by nurses (where available) in cases of uncooperative inmates or those who state discomfort answering corrections officers' questions about mental illness.
- Use of a computer-assisted version of the tool, which may reduce the problem of symptom underreporting.

The BJMHS was not as effective for women. That it correctly identified 54.9 percent (28 of 51 women) of the true positives among the women participants is an improvement over current practices. Still, the screen missed 34.7 percent of women with current symptoms.

The lower accuracy of the BJMHS among women may be due to the fact that the BJMHS does not measure symptoms of anxiety that are associated with the high incidence of PTSD experienced by women detainees.[20] Subsequent modifications of the BJMHS for women will need to add questions that capture anxiety symptoms. It may also be that women are less likely to disclose symptoms to corrections officers, who are most often male, on

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.

4. Cohen, Fred, and Joel Dvoskin, "Inmates with Mental Disorders: A Guide to Law and Practice," *Mental and Physical Disability Law Reporter* 16 (3–4) (1992): 339–346, 462–470.

5. American Psychiatric Association, *Psychiatric Services in Jails and Prisons: A Task Force Report of the American Psychiatric Association,* 2nd ed., Washington, DC: American Psychiatric Association, 2000.

6. Steadman, Henry J., and Bonita M. Veysey, *Providing Services for Jail Inmates with Mental Disorders,* Research in Brief, Washington, DC: National Institute of Justice, January 1997, NCJ 162207, available at www.ncjrs.gov/pdffiles/162207.pdf.

7. Teplin, Linda A., "Detecting Disorder: The Treatment of Mental Illness Among Jail Detainees," *Journal of Consulting and Clinical Psychology,* 58 (2) (April 1990): 233–236.

8. Ford, Julian, and Robert L. Trestman, "Evidence-Based Enhancement of the Detection, Prevention, and Treatment of Mental Illness in Correctional Systems," final report for National Institute of Justice, grant number 2001–IJ–CX–0044, Washington, DC: National Institute of Justice, 2005, NCJ 210829, available at www.ncjrs.gov/pdffiles/nij/grants/210829.pdf.

9. Osher, Fred, Jack E. Scott, Henry J. Steadman, and Pamela Clark Robbins, "Validating a Brief Jail Mental Health Screen," final report for National Institute of Justice, grant number 2001–IJ–CX–0030, Washington, DC: National Institute of Justice, 2004, NCJ 213805, available at www.ncjrs.gov/pdffiles/nij/grants/213805.pdf.

10. Derogatis, Leonard R., *SCL–90R: Administration, Scoring, and Procedures Manual,* Baltimore, MD: Clinical Psychometrics Research, 1977; Derogatis, Leonard R., *BSI: Administration, Scoring, and Procedures Manual,* 3d ed., Minneapolis, MN: National Computer Systems, 1993.

11. Overall, John E., and Donald R. Gorham, "The Brief Psychiatric Rating Scale," *Psychological Reports* 10 (1962): 799–812.

12. Spitzer, Robert L., and Jean Endicott, *Schedule of Affective Disorders and Schizophrenia—Change Version,* New York: Biometrics Research, 1978.

13. Teplin, Linda A., and James A. Swartz, "Screening for Severe Mental Disorder in Jails," *Law and Human Behavior* 13 (1) (March 1989): 1–18.

14. Robins, Lee, John Helzer, Jack Croughan, and Kathryn S. Ratcliff, "National Institute of Mental Health Diagnostic Interview Schedule: Its History, Characteristics, and Validity," *Archives of General Psychiatry* 38 (April 1981): 381–389.

15. Teplin and Swartz, "Screening for Severe Mental Disorder in Jails" (see note 13).

16. Veysey, Bonita M., Henry J. Steadman, Joseph P. Morrissey, Matthew Johnsen, and Jason Beckstead, "Using the Referral Decision Scale to Screen Mentally Ill Jail Detainees: Validity and Implementation Issues," *Law and Human Behavior* 22 (2) (April 1998): 305–315.

17. DSM–IV is the common abbreviation for the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition,* published by the American Psychiatric Association in 1994.

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

18. For a detailed discussion of the additional analysis, see the final report, available online at www.ncjrs.org/pdffiles1/nij/grants/210829.pdf.

19. Five or more "yes" answers out of 8 questions on the CMHS–W and 6 or more "yes" answers out of 12 on the CMHS–M were considered "positive" results for referral to additional mental health assessment.

20. Veysey, Bonita M., "Specific Needs of Women Diagnosed With Mental Illnesses in U.S. Jails," in *Women's Mental Health Services: A Public Health Perspective,* ed. B.L. Levin, A.K. Blanch, and A. Jennings, Thousand Oaks, CA: Sage, 1998.

Appendix A*

Correctional Mental Health Screen for Women (CMHS-W)

Name _____ Last, First, MI	**Detainee #** _____	**Date** _ _/_ _/_ _ _ _ mm/dd/year	**Time** __:__

Questions	No	Yes	Comments
1. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?			
2. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?			
3. Some people find their mood changes frequently-as if they spend everyday on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?			
4. Have there ever been a few weeks when you felt you were useless, sinful, or guilty?			
5. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
6. Do you find that most people will take advantage of you if you let them know too much about you?			
7. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?			
8. Have you ever been in the hospital for non-medical reasons, such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			

TOTAL # YES: _____	**General Comments**:

Refer for further Mental Health Evaluation if the Detainee answered *Yes* to 5 or more items *OR* If you are concerned for any other reason

- o **URGENT Referral** on _ _/ _ _/ _ _ _ _ to _____
- o **ROUTINE Referral** on _ _/ _ _/ _ _ _ _ to _____
- o **Not Referred**

Person Completing Screen: _____

* The forms in appendixes A and B are shown exactly as they are provided to correctional institutions.

INSTRUCTIONS FOR COMPLETING THE CMHS-W

General Information:

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.

Instructions for administration of the CMHS-W:

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)

Questions #1-8 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 **Comments** Section to document any information that is relevant and significant for any question that the detainee has answered "YES."

If the detainee declines to answer a question or says she does not know the answer to a question, do NOT check "YES" or "NO." Instead, record DECLINED or DON'T KNOW in the **Comments** box.

Total # YES: total number of YES responses

General Comments: Staff may include information here to describe overall concerns about the responses (for example: intoxicated, impaired, or uncooperative)

Referral Instructions:

Urgent Referral: A referral for **urgent** mental health evaluation may be made by the staff person if there is any behavioral or other evidence that a detainee is unable to cope emotionally or mentally or is a suicide risk.

Routine Referral: A detainee answering **"YES" to 5 or more items** should be referred for **routine** mental health evaluation. A referral also may be made if the staff person has any concerns about the detainee's mental state or ability to cope emotionally or behaviorally.

** If at any point during administration of the CMHS-W the detainee experiences *more than mild and temporary emotional distress* (such as severe anxiety, grief, anger or disorientation) she should be referred for immediate mental health evaluation.

Referral: Check the appropriate box for whether a detainee was referred. If referred, check URGENT or ROUTINE, enter the date of the referral and the mental health staff person or mental health clinic to whom the referral was given.

Person completing screen: Enter the staff member's name

Correctional Mental Health Screen for Men (CMHS-M)

Name _____ Last, First, MI	**Detainee #** _____	**Date** _ _ /_ _ /_ _ _ _ mm/dd/year	**Time** __:__

QUESTIONS	NO	YES	COMMENTS
1. Have you ever had worries that you just can't get rid of?			
2. Some people find their mood changes frequently – as if they spend everyday on an emotional roller coaster. Does this sound like you?			
3. Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?			
4. Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people or from your surroundings?			
5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?			
6. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?			
7. Do you tend to hold grudges or give people the silent treatment for days at a time?			
8. Have you ever tried to avoid reminders, or to not think about, something terrible that you experienced or witnessed?			
9. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
10. Have you ever been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?			
11. Have you ever been in a hospital for non-medical reasons such as in a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			
12. Have you ever felt constantly on guard or watchful even when you didn't need to, or felt jumpy and easily startled?			

TOTAL # YES: _____	**General Comments**:

Refer for further Mental Health Evaluation if the Detainee answered *Yes* to 6 or more items *OR* If you are concerned for any other reason

- **URGENT Referral** on _ _/ _ _/ _ _ _ _ to _____
- **ROUTINE Referral** on _ _/ _ _/ _ _ _ _ to _____
- **Not Referred**

Person Completing Screen: _____

INSTRUCTIONS FOR COMPLETING THE CMHS-M

General Information:

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 Men (CMHS-M) with a grant funded by the National Institute of Justice.

Instructions for administration of the CMHS-M:

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)

Questions #1-12 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 his 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 **Comments** Section to document any information that is relevant and significant for any question that the detainee has answered "YES."

If the detainee declines to answer a question or says he does not know the answer to a question, do NOT check "YES" or "NO." Instead, record DECLINED or DON'T KNOW in the **Comments** box.

Total # YES: total number of YES responses

General Comments: Staff may include information here to describe overall concerns about the responses (for example: intoxicated, impaired, or uncooperative)

Referral Instructions:

Urgent Referral: A referral for **urgent** mental health evaluation may be made by the staff person if there is any behavioral or other evidence that a detainee is unable to cope emotionally or mentally or is a suicide risk.

Routine Referral: A detainee answering **"YES" to 6 or more items** should be referred for **routine** mental health evaluation. A referral also may be made if the staff person has any concerns about the detainee's mental state or ability to cope emotionally or behaviorally.

** If at any point during administration of the CMHS-M the detainee experiences *more than mild and temporary emotional distress* (such as severe anxiety, grief, anger or disorientation) he should be referred for immediate mental health evaluation.

Referral: Check the appropriate box for whether a detainee was referred. If referred, check URGENT or ROUTINE, enter the date of the referral and the mental health staff person or mental health clinic to whom the referral was given.

Person completing screen: Enter the staff member's name

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?			
2. Do you currently feel that other people know your thoughts and can read your mind?			
3. Have you currently lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are currently much more active than you usually are?			
5. Do you currently feel like you have to talk or move more slowly than you usually do?			
6. Have there currently been a few weeks when you felt like you were useless or sinful?			
7. Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you ever been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check all that apply):

☐ Language barrier ☐ Under the influence of drugs/alcohol ☐ Non-cooperative

☐ Difficulty understanding questions ☐ Other, specify: _____

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- **YES to item 7; OR**
- **YES to item 8; OR**
- **YES to at least 2 of items 1 through 6; OR**
- **If you feel it is necessary for any other reason**

☐ Not Referred

☐ Referred on ___/___/____ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

INSTRUCTIONS FOR COMPLETING THE BRIEF JAIL MENTAL HEALTH SCREEN

GENERAL INFORMATION:

This Brief Jail Mental Health Screen (BJMHS) was developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process.

This screen should be administered by Correctional Officers during the jail's intake/booking process.

INSTRUCTIONS FOR SECTION 1:

NAME:	Enter detainees name — first, middle initial, and last
DETAINEE#:	Enter detainee number.
DATE:	Enter today's month, day, and year.
TIME:	Enter the current time and circle AM or PM.

INSTRUCTIONS FOR SECTION 2:

ITEMS 1-6:

Place a check mark in the appropriate column (for "NO" or "YES" response).

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

ITEMS 7-8:

ITEM 7: This refers to any *prescribed* medication for any emotional or mental health problems.

ITEM 8: Include any stay of one night or longer. Do NOT include contact with an Emergency Room if it did not lead to an admission to the hospital

If the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

General Comments Column:

As indicated above, if the detainee REFUSES to answer the question or says that he/she DOES NOT KNOW the answer to the question, do not check "NO" or "YES." Instead, in the General Comments section, indicate REFUSED or DON'T KNOW and include information explaining why the detainee did not answer the question.

All "YES" responses require a note in the General Comments section to document:

(1) Information about the detainee that the officer feels relevant and important
(2) Information specifically requested in question

If at any point during administration of the BJMHS the detainee experiences distress, he/she should follow the jails procedure for referral services.

INSTRUCTIONS FOR SECTION 3:

OFFICER'S COMMENTS: Check any one or more of the four problems listed if applicable to this screening. If any other problem(s) occurred, please check OTHER, and note what it was.

REFERRAL INSTRUCTIONS:

Any detainee answering YES to Item 7 or YES to Item 8 or YES to at least two of Items 1-6 should be referred for further mental health evaluation. If there is any other information or reason why the officer feels it is necessary for the detainee to have a mental health evaluation, the detainee should be referred. Please indicate whether or not the detainee was referred.

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