

18: COMMUNICATION BETWEEN CORRECTIONAL OFFICERS AND MENTAL HEALTH STAFF

Time:	60 min.
Format:	Lecture, activity, discussion
Materials:	PowerPoint, Handout: "Questions about the Need for Mental Health Referral," flip chart and markers
Competencies:	<ul style="list-style-type: none">• Describe strategies for effective communication with other professionals concerning mental health of incarcerated people.

Description

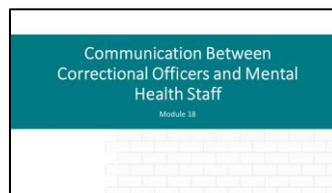
This module outlines best practices in communications and offers materials COs can use on the job to improve their awareness of potential crises and their communication with mental health staff. With an activity that simulates decision-making during a shift and during shift-change, the module opens discussion about the outright dangers of poor communication between COs and mental health staff, and between CO shifts.

Before Training

Print out enough copies of the handout "Questions about the Need for Mental Health Referral" for each participant to have one.

During Training

Communicating Well



Set Up

Say:

In 2014, Michael Kerr, who was incarcerated in the North Carolina corrections system, entered solitary confinement. He had stopped taking his medication for delusions months before. 35 days later, he was dead.



In 2017, Andrew Holland, who suffered from schizophrenia, died after 46 hours shackled to a chair in the San Luis Obispo County Jail.

Neither of these men would have died without serious problems in the response by correctional staff. These deaths caused great outrage and resulted in job loss and legal liability.

When a person dies while incarcerated, there's intense scrutiny of the correctional facility. When the deceased had a mental illness, questions are asked about a facility's procedures, staffing, and training to address those issues.

Only people with formal training in mental health can properly treat incarcerated people with mental illness. But they can't treat someone if they don't receive timely and accurate reports of warning signs. So communication between correctional officers and mental health staff is crucial if an incarcerated person has a mental health disorder or if there is concern they might be at-risk for experiencing one.

Let's focus on responsibilities of, and communication between, staff when addressing mental illness of persons who are incarcerated.

Improving Daily Communications

Lecture

Present lecture:

Let's consider the levels of urgency for a CO to communicate with mental health staff.



It can be useful to differentiate referral events using the terms emergency, urgent, and routine. Specifically:

- A mental health event is an **emergency** when it has potential to jeopardize an individual's life or cause severe impairment or disability. This includes when an individual is imminently threatening harm to self or others, is severely disoriented or out of touch with reality, has severe inability to function, or is otherwise out of control. Examples include attempted suicide, acts of violence against others, self-injury that requires immediate medical attention (e.g., head injury, choking, continued bleeding), severe impairment by alcohol or drugs, or highly erratic and unusual behavior. Emergency conditions require immediate attention from mental health staff. Such events may also necessitate mobilizing the facility's crisis intervention team.
- A mental health event is **urgent** when there is a non-life threatening situation that could deteriorate or may be unbearable for periods of time. This includes situations in which the individual is exhibiting extreme emotional disturbance or distress, considering (but not acting on) harm to self or others, disoriented or out of touch with reality, has compromised ability to function, or is agitated and unable to be calmed. Examples include considering (but not acting on) suicide or harm to others, self-injury that does not require immediate medical



attention, alcohol or substance abuse, eating disorders, not taking prescribed psychiatric medications, being emotionally distraught or very depressed or anxious. Urgent conditions require attention from mental health staff within a specified period of time, usually 24 hours or less. It is notable that for anything that has potential life-threatening consequences, such as suicidality, it is best to have mental health staff determine if the situation is urgent or an emergency, rather than a CO attempting to make that determination.

- A mental health event is **routine** when it is non-life threatening and does not require immediate attention. Routine events apply to stable people whose condition is unlikely to deteriorate over time and/or will typically resolve on its own. Routine care may help to prevent deterioration to a more severe level. Routine mental health referrals should occur within a specified period of time, often 10 business days or less (SLOCHA, 2016; Trestman et al., 2015; UH, 2016).

It is important to follow your facility's policies for referrals. Referrals should be made with as little delay as possible and should be documented, including the exact date and time of the referral, the name and affiliation to whom the referral was made, the name of the incarcerated person(s) referred, and any relevant response from the professionals to whom the referral was made (e.g., instructions; Drapkin, 2009).

When Is Mental Health Referral Needed?

Lecture

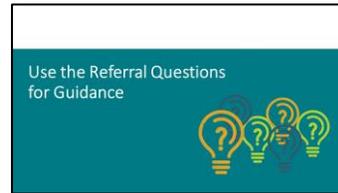
Say:

If an incarcerated person is not asking for a mental health referral, it may seem difficult for a non-mental health professional to determine if one may be



needed. You should always follow the policies of your workplace.

To support you, here is a tool, which is a list of questions you can ask about the person or situation that can help you decide when you should refer someone for an evaluation by a mental health professional.



Pass out copies of "Questions about the Need for Mental Health Referral."

Review the questions with the participants. Ask questions such as:

- What do you think of the effectiveness of these questions?
- Can you think of any people in your workplace who might need a mental health referral based on these questions?
- If you can think of anyone, are you confident you know the correct procedure to follow at your workplace to refer them to mental health services?

Handle It Now

Lecture

Say:

When a mental health situation is developing and a shift change is approaching, correctional officers have a responsibility to attempt to address the issue rather than passing problems on to the next shift. If no resolution can be achieved by the end of the shift, officers should be sure to inform supervisors and/or officers on the next shift of the emerging situation. If mental health issues can be addressed during daytime or weekday shifts when more mental health staff are on duty, this can also be helpful.



If you observe any behaviors that trouble you, you should give that information to the next shift as they come onto duty. What may seem just a little off may develop into something much more urgent over time. You should prepare your fellow COs so that they can prevent a crisis.

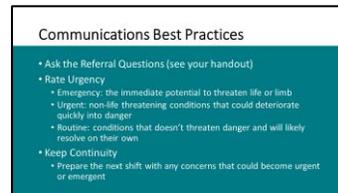
Activity: Check Points Can Be Help Points

Note to facilitator: read through this activity and decided if you want to make any small changes to better align this activity with your facility's policies. This is to help COs and staff recognize when to refer for mental health evaluation, so it is written to be as general as possible.

1. Explain that the purpose of this activity is to follow a series of events in 24 hours in a correctional facility and respond appropriately to mental health concerns. It will give them practice in using the Mental Health Referral Checklist, deciding the urgency of events and the importance of continuity.
2. Give the following instructions:
 - a. We're going to simulate 24 hours in a correctional facility through story. We'll work in two groups, one group as a day shift and one group as a night shift.
 - b. We'll divide the room in half to make the two groups. Group 1 is to my right and Group 2 is to my left. (NOTE: divide so that the groups are approximately the same number of participants.)
 - c. I'm going to read the events that occur every few hours in a 24-hour day at a local correctional facility. Group 1, you're working first shift, from 8am to 8pm. Group 2, you're second shift from 8pm to 8am.



- d. Group 1, you'll be the ones responding to daytime events. You'll need to discuss what you'll do at check-in points and tell us your decisions. Also, you'll have to prepare the second shift when they arrive. The second shift will have to attend to information from the first shift and then respond to events in the night shift. Then Group 2 will have to give information to the returning day shift.
 - e. Don't forget continuity between shifts as you respond to events!
3. Read the Event Log below in sections, as directed. At each Check Point, stop reading and ask the participants what the COs on duty should do, based on what they've learned in this module.
 4. When you get to the Shift Change, the next group should become the responders.
 5. When groups give you their decisions and fail to take needed action, correct them using the answers provided in the Event Log.
 6. Throughout the activity, show the PowerPoint slide titled "Communications Best Practices" so that participants can refer to it as needed.



Event Log

(NOTE: Read the time of each event before reading the information.)

8:00 AM First Shift – Group One.

Read:

You arrive at work. In passing, a night shift CO swears and says that **Sam**, who is incarcerated, was difficult to get out of bed this morning; he took forever and frustrated the COs. And someone else says that **Reggie** has been scaring his

cellmate at night again with noises and pacing. And **Chris** woke a lot of people up, yelling from nightmares, and other inmates are mad at him for disturbing them yet again with nighttime screaming.

Ask:

Do you make any plans for the day based on this information?

Answer: Keep an eye out for these men in general. No special action needs to be taken at this time. If they suggest that Chris needs a referral, you can have them review the rubric and see if he meets the threshold for intervention (he doesn't). If they suggest having a conversation with him, tell them that Chris gets stiff-backed and claims that "everything is fine."

10 AM First Shift – Group One

Read:

During the work shift, you see that **Sam** is mostly idle. His head is down and he's not concentrating on his workbench. He doesn't speak to anyone at all. An on-duty CO goes up and speaks to him. Sam briefly rouses but quickly slumps back down again.

Reggie is working in his usual way, completing his tasks but sneering at anyone who comes near him.

Chris is working steadily. He looks tired and angry.

Check Point:

Is there anything to be concerned about? Anything to act on? (Refer them to the Best Practices slide to see if any are important now.) Is anything urgent or emergent?

Answer: They can either continue to watch **Sam** or they could decide to talk to him. If they talk to him, read to them: "Sam doesn't look you in the eye. He says, 'Just having a bad day.' And won't say more."

Answer: There's no special action to take with **Reggie** or **Chris** at this time.

2 PM First Shift – Group One

Read:

During lunch, **Sam** does not eat, which is unusual for him. Then he does not want to leave the mess hall; he doesn't seem to want to move at all, which is different. When a CO speaks to him, he barely looks up. But he does finally obey. A CO asks one of Sam's friends what's going on and the man says that Sam is miserable and is having a hard time caring about anything. Sam's friend says Sam won't talk to him or tell him what's wrong.

Reggie is eyeing a man he often has conflict with and also looking aggressively at his own cellmate. Reggie looks back and forth between the two men. He makes threatening gestures with his head and hands at them, which is unusual.

Chris has gobbled his lunch and is watchfully observing the mess hall. He keeps a sharp eye on the doors and on everyone near him. This is his typical behavior. A couple of guys appear to purposely bump into him, looking angrily at him. He ignores them completely.

Check Point:

Do you have any concerns? Do you take any action? (Refer them to the "Best Practices" slide). Is anything urgent or an emergency?

Answer: **Sam** may be depressed. He might be suicidal. They should talk to Sam. When they talk to Sam, he starts to cry and says that he can't stand his life anymore. He wants to die.

Participants should tick off the following items on the Mental Health Referral Checklist: "Is the inmate excessively isolating himself/herself from staff and other inmates?" (Yes, not talking to anyone unless forced to.) "Are the sleeping and eating patterns of the inmate causing concern?" (Yes, he's not eating.) "Does the inmate have any other symptoms that are likely to suggest a mental illness?" (Yes. He says he wants to die, so he may be depressed.)

What level of referral is suicidality? Suicidality is an urgent to emergent (emergency) mental health risk. For potentially life-threatening issues, it is best to have a mental health staff member make this determination. The facility's policy should be followed, and the best practice would be to report a concern as soon as possible, particularly given the sudden changes to Sam's behavior.

Action: They should refer Sam to Mental Health as a potential emergency case. He says he doesn't want to live and his behavior has changed suddenly, which indicates he may be suicidal.

Result: Sam is interviewed by Mental Health workers and found to indeed be suicidal. He was planning a suicide attempt after Lights Out with a contraband weapon he has created. He is safe because you reported your concerns.

Answer: **Reggie** is being threatening so watch out for violence. He doesn't trigger another action at this time.

Answer: **Chris** isn't displaying concerning behaviors at this time, but people are angry at him and being a bit hostile.

Shift Change

(NOTE: This is the transition from Group 1 to Group 2.)

Ask:

Group 2, what information do you think you'd need to know from Group 1?

Answer: They should want to hear Sam's story and that he's been removed from his cell as a suicide risk. Also, they should definitely know that Reggie looks like he may be planning some trouble but hasn't actually done anything violent. They should also hear that they previously heard from the night shift that Reggie's cellmate is afraid of Reggie. They should know that people are angry at Chris for disturbing their sleep again.

From here on, questions are directed to Group 2.

Say:

While we go through the second shift, Group 1 should now take notes about what they would want to know when they come back in at 8AM.

8 PM Second Shift – Group Two

Say:

You have arrived and hear the report. Any plans as you start your day?

Answer: **Reggie** should be watched. He may be planning violence against his adversary or his cellmate.

Answer: Might watch **Chris** to make sure that no one tries to retaliate against him. His behavior isn't a concern right now.

9 PM Second Shift – Group Two

Read:

Dinner passed without anything too unusual.

In the evening, **Reggie** attends his anger management group. As the men file out of the meeting, you overhear them talking about his behavior tonight. In the group, he became disruptive. He didn't act angry, which is fairly common in the group. Rather, he ranted about how he's figured out how his cellmate is tracking him throughout the day and that he's going to put a stop to it, tonight. He said he knows that the man he often has conflict with is planning something with Reggie's roommate and he's figured it all out. He will end their plans against him. When the men questioned him, he grinned frighteningly and put his finger to his lips, as though he has a secret.

Chris attend his AA meeting. He doesn't speak. Through the glass window to the room, you see that he looks very tired and angry. He sits so that he can keep an eye on the door, as usual. You know that he's an Army veteran and that's

where he learned his habit of never having his back to a door.

Check Point:

Do you have any concerns? Do you take any action? (Refer them to the "Best Practices" slide.) Is anything urgent or an emergency?

Answer: **Reggie** has ticked off two boxes on the Mental Health Referral checklist: "Is the inmate's behavior persistently erratic and/or bizarre? (Yes, he's been frightening his cellmate and making threatening gestures. His responses are unusual. Also, he seems to think there is a conspiracy against him.) Does the inmate have any other symptoms that may suggest mental illness? (Maybe: his conspiracy theory and threats to put a stop to it.)

Ask how urgent it is. It should be urgent since he seems to be threatening other people.

Action: They should follow their facility's protocol. This might include making a referral to mental health for Reggie due to his threatening behavior.

Result: Mental Health discovers that Reggie has stopped taking his medication for paranoid delusions and had indeed decided there was a plot against him. He had planned to "teach his cellmate a lesson" that night. Your action may have prevented a crisis or worse.

Answer: There's nothing unusual about **Chris's** behavior at this time.

3 AM Second Shift – Group 2

Read:

You hear a crashing noise, then yelling. Someone is yelling, "Help him! Help him! He's busted his face!" You trace the noise to Chris's cell. **Chris** is lying on the floor, with a bloodied face. He's groping around as though he's lost something, and he's yelling incoherently about "arm up, they're past the perimeter." His cellmate, who was the one yelling for

help, says that Chris often has nightmares. The cellmate says that this time, Chris jumped from the bed, maybe still in his sleep, and tried to run out of the cell. He hurt his face when he ran into the cell door. Chris yells, "WHERE'S MY WEAPON," still groping around. He doesn't seem to know where he is. He jumps when you say his name several times, as though waking up.

Check Point:

Do you have any concerns? Do you take any action? (Refer them to the "Best Practices" slide.) Is anything urgent or an emergency?

Answer: **Chris** has obviously had some sort of nightmare and maybe hallucinations or flashbacks related to his combat experiences. He doesn't seem to have intentionally done anything wrong. They should tick off two boxes in the Mental Health Referral form: "Are the sleeping and eating patterns of the inmate causing concerns?" (Yes, frequent nightmares and disrupted sleep.) "Does the inmate have any other symptoms that are likely to suggest a mental illness?" (Maybe; it's unclear if he's just having nightmares or if he's not in touch with reality while awake).

Action: Get medical help and inform medical staff of possible need for mental health referral.

Result: Medical staff treat Chris for cuts to his face and a broken nose. Mental health staff evaluate him and discover he's suffering from PTSD. They start him on treatment, which seems to be helping him sleep and remain in touch with reality. By alerting medical staff to a potential mental health issue, you helped get him necessary treatment that contributes to a calmer and safer facility.

Activity Debrief

Debrief the activity with the following questions:

- How was this activity? Were the “Best Practices” helpful?
- What would have happened if you didn't report concerns to Mental Health?
- You prevented a crisis for Sam and Reggie but not Chris. Was there any way you could have prevented his crisis? (Hint: Maybe. His nightmares were a concerning sign, but nothing could have been guessed without a diagnosis).
- Do you think the “Best Practices” will be helpful to you on the job?



SOURCES

Module 18

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