

10: MENTAL HEALTH SCREENING

Time:	45 min.
Format:	Lecture, activity
Materials:	PowerPoint, Handout "The Correctional Mental Health Screen for Men," Handout: "The Correctional Mental Health Screen for Women," flip chart and markers
Competencies:	<ul style="list-style-type: none">• Describe the purpose of mental health screening in corrections.• Name a screening instrument that can be administered by correctional officers in prisons and jails.• Describe appropriate settings within the facility, appropriate body language, and tone for screening.• Describe timing when screening should take place for incarcerated people.• Differentiate appropriate and inappropriate use of findings of mental health screens.

Description

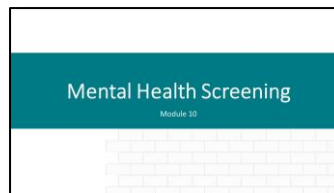
The module will orient participants to the mental health screening tools and to ethical issues surrounding mental health screening. In a pretend activity, participants will have a chance to work through how to give screenings on the job and troubleshoot some important issues. They will be told they will have to use the tool to screen each other in public. While they won't end up having to do it, the uncertainty and discomfort they feel should be important as they think about barriers to using the tool in their workplace.

Before Training

Print out enough copies of the handouts “The Corrections Mental Health Screen for Men” and “The Corrections Mental Health Screen for Women” for every participant to have one.

During Training

The Importance of Screening



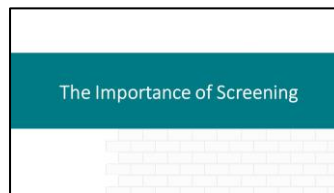
Set Up

Set up the topic by saying:

Screening is a reliable way to tell if a justice-involved person may have a mental health disorder.

Subjective decisions are unreliable, especially by those who aren't trained in mental health assessment.

Screening tools offer consistency in decision-making and can create a solid paper trail for the justice system to use when an incarcerated person has a mental disorder.



A Screening Tool for Corrections

Lecture

Present lecture:

The Correctional Mental Health Screen (CMHS; Ford and Trestman, 2005) has been shown to be effective in screening for mental disorders among both male and female inmates. There is an 8-item version for women and a 12-item version for men, with items addressing current and lifetime indications of serious mental disorders, as well as some gender-specific items. Each screen takes under 5 minutes to administer. If an inmate



answers a certain number of items affirmatively (e.g., "yes" to 5 questions for females or to 6 questions for males), he or she should be referred to mental health staff for further evaluation.

Discussion

Say:

Let's look at the screening tools to get some familiarity with them. Let's look at the tool for men first.

Refer participants to the handout "The Correctional Mental Health Screen for Men."

Facilitate the discussion with the following questions:

- Looking at the tools and the questions, what kinds of issues are they looking for?
- Do you see any behaviors that might be a concern in a correctional facility?
- Look at the referral instructions on the second page. Does the tool **diagnose** mental illness? (Hint: no – it just dictates when someone should go for a mental health evaluation).
- Do you have any questions about the tool's contents?

Say:

Now let's look at the tool for women.

Refer participants to the handout "The Correctional Mental Health Screen for Women."

Facilitate the discussion with the following questions:

- Looking at the tools and the questions, what kinds of issues are they looking for?
- How does this tool differ from the tool for men?
(Talking points here: The difference you see between the two screening tools is based on the difference between gender-based symptoms. The men's

screening items include more explicit aggression, hypervigilance, and negative attitudes towards others, such as grudges or the silent treatment. The women's measure has items that capture negative feelings about their own self, like guilt or that they may be "sinful," and the effects of being taken advantage of.)

- Do you see any behaviors included in the tool that might be a concern in a correctional facility?
- Do you have any questions about the tool's contents?

Transition by saying:

Let's talk about when correctional staff might use this screening tool on the job.

When and How to Screen

Lecture

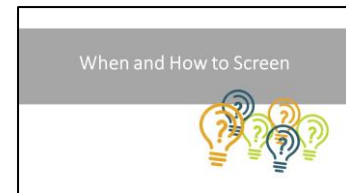
Present lecture:

Best practices suggest that "universal" screening be used for all incarcerated people at intake to identify those with mental disorders. Also, because some people may develop mental disorders while incarcerated, periodic screening of the general correctional population may also be useful.

Screening can be administered by correctional officers, intake staff, or nursing staff. Although those who administer screening do not require specialized mental health training for the Correctional Mental Health Screening, brief training may be helpful.

For screening those who are uncooperative or who express discomfort answering the questions, screening by a nurse or mental health staff member may be preferable.

The screener may read the question aloud to the incarcerated person and fill in the form with the person's answers to each question, providing comments to clarify in



the designated area of the form. This may be a good option since you may encounter varying levels of reading ability.

If the person refuses to answer or does not know the answer, this should be explicitly noted in the comment by writing DECLINED or DON'T KNOW rather than marking the YES or NO boxes.

If the person answers YES to the specified number of items for referral, a routine referral may be recommended.

If there is any indication that the inmate is unable to cope emotionally (e.g., severe anxiety, grief, anger, disorientation) or is a suicide risk, the referral should be marked URGENT and referred for immediate mental health evaluation (Ford et al., 2007). The individual should not be left by themselves while awaiting mental health staff.

In order to demonstrate that the facility met its responsibility to become aware of the mental health needs of incarcerated people, documentation should include the name of the person who performed the screening and the exact date and time of the screening (Drapkin, 2009).

Activity: It's Not Easy Being Screened

DO NOT SAY THE FOLLOWING ALOUD: The purpose of this activity is to show participants that screenings should be private and can be uncomfortable for incarcerated people to submit to. The activity pretends that they must screen each other for mental health concerns. IT IS A TRICK.



1. Tell the participants that they will practice giving a mental health screening by screening each other.
2. Give the following instructions:
 - a. Find a partner at your table.
 - b. You will be giving each other a mental health screening to identify mental health concerns using the tool provided.



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Everyone will have a turn to screen and be screened.

- c. Decide who will take the first turn as the screener and then wait for further instruction.
3. When they've paired up and settled down, ask them:
 - Are you prepared to answer these questions with a near-stranger? In a public place?
 - Allow a few moments of awkward silence. Then tell them that they will not actually have to conduct the screenings.

Lecture

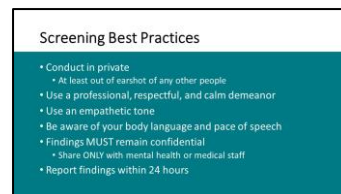
Debrief the activity by saying:

Perhaps now you can see why choosing an area where you won't be overheard is important. Also, you might now appreciate the difficulty of telling private matters to a near-stranger. You won't be screening each other today—but remember how you felt when you thought you were going to have to talk about your private emotions and experiences. Let that inform how to handle the mental health and privacy of those incarcerated at your workplace.

Transition to screening best practices by saying:

What are screening best practices?

The screening should be conducted in a private setting, out of earshot of other inmates. The person who administers screening should present a professional demeanor and empathetic tone, being conscious of body language and pace of speech in administering the screening. Findings of the screening should be confidential and communicated only to the designated authority for referral, and medical or mental health staff should routinely review all screening forms—typically within 24 hours of when the screen was performed



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(Drapkin, 2009). It is important that findings not be shared with other incarcerated people or non-authorized correctional staff.

Conclude:

Ultimately, whether, when, and how to use a screening tool is at the discretion of your workplace's leadership.

But knowing whether an incarcerated person has a mental disorder can help get them appropriate care and help correctional officers prevent crisis.

SOURCES

Module 10

Drapkin, M. (2009). Management and supervision of jail inmates with mental disorders. Kingston, NJ: Civic Research Institute.

Ford, J., and Trestman, R. (2005). Evidence-based enhancement of the detection, prevention, and treatment of mental illness in correctional systems: Final report. Washington, DC: USDOJ, National Institute of Justice.

Ford, J., Trestman, R., Osher, F., Scott, J., Steadman, H., and Robbins, P. (2007). Mental health screens for corrections. Research for Practice Brief. Washington, DC: USDOJ, National Institute of Justice.

Martin, M., Colman, I., Simpson, A., and McKenzie, K. (2013). Mental health screening tools in correctional institutions: A systematic review. *BMC Psychiatry*, 13, 275-285.

Temporini, H. (2010). Conducting mental health assessments in correctional settings. In C. Scott (Ed.) *Handbook of Correctional Mental Health*, pp.119-147, Arlington, VA: American Psychiatric.