

Evidence-Based Practice for Managing the Mentally Ill Inmate Population

(Technical Paper)

Analyzing the Assessment of Mental Illness in Jails and Prisons

(STS Paper)

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On my honor as a University Student, I have neither given nor received
unauthorized aid on this assignment as defined by the Honor Guidelines
for Thesis-Related Assignment

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General Research Problem: Ensuring Appropriate Treatment of the Mentally-Ill Inmate Population

How can researching and characterizing the mentally-ill inmate population help ensure they are appropriately identified and treated in jails and prisons?

The overarching problem that connects my technical topic to my STS research is the issue with the treatment of the mentally ill inmate population. Ever since the period of deinstitutionalization in the 1960's there has been a large issue with the lack of treatment and resources for those with mental illnesses. The impacts of this time period are still prevalent today as many of these individuals ended up homeless or in jail (Mechanic & Rochefort, 1990). Jails and prisons cannot meet the needs of this mentally ill population and they are hard-pressed to find treatment elsewhere. According to the Bureau of Justice Statistics, over 50% of inmates in the United States are diagnosed with a mental illness and with the lack of resources jails are provided with to help these individuals, this poses as a severe issue for this population (Smith, Sitren & King, 2018). Researchers from previous years of my technical project have discovered that roughly 32% of the inmates in the Albemarle Charlottesville Regional Jail are "screened in" on the Brief Jail Mental Health Screener (BJMHS). The term "screened in" means that based on the results of the BJMHS, the individual potentially has a severe mental illness. In this case "severe mental illness" is defined as either schizophrenia, bipolar disorder, or severe depression. My technical topic focuses on researching the Albemarle/Charlottesville region to characterize the mentally ill inmate population and understand longitudinally how someone with a severe mental illness ends up in the criminal justice system, how long they stay, and which community resources they use. This connects to my STS research problem, which is evaluating the methods used for determining mental illness in inmates, because in response to the issue of the large mentally ill population in jails and prisons, developments have been made in the assessments for mental illnesses. The evolution of these instruments for assessment in response to the overrepresented severely mentally ill population is what I plan to address in my STS research.

Evidence-Based Practice for Managing the Mentally Ill Inmate Population

How can the use of several data sources from the Charlottesville/Albemarle Region and criminal justice system reveal characterizations about the mentally ill inmate population?

In the technical portion of this research my team and I are not only characterizing the mentally-ill inmate population in the Charlottesville/Albemarle region, but we are also trying to determine how to best solve the crisis of the overwhelming amount of severely mentally ill inmates in need of treatment. It has been found in previous years of this ongoing capstone project that mentally ill inmates are an overrepresented population in the Albemarle Charlottesville Regional Jail (as previously mentioned they constitute about 30% of all inmates) and have longer average lengths of stay and recidivism rates than those who are not severely mentally ill. Our capstone team has partnered with several members of the community: Region Ten Community

Services (R10), Thomas Jefferson Coalition Area for the Homeless, Albemarle Charlottesville Regional Jail (ACRJ), Virginia Department of Corrections (VDOC), and Offender Aid & Restoration (OAR) in order to grasp a holistic view of the mentally ill inmate population. These partnerships have allowed us to access protected data from each of these institutions that spans the last 4 years in order to characterize the mentally-ill inmate population. The main source of data we will use for this specific characterization is the data from ACRJ. Everyone who is booked in at ACRJ is required to take the Brief Jail Mental Health Screener (BJMHS) that has 8 questions intended to identify if an individual should be further evaluated for serious mental illness. In addition to the BJMHS data, the jail dataset also contains fields such as race, gender, length of stay, booking offense, release reason, etc. With access to the data from the jail, we will be able to better characterize the inmates who are severely mentally ill. Race, gender, number of bookings in the jail, length of stay, etc. are some of the specific characteristics we want to look at in comparison to the individuals' result from the BJMHS. This analysis will build on previous years findings in order to get a better sense of this population.

In addition to characterizing this population, we also want to match individuals based on a variety of attributes in the data (name, social security number, age, gender, etc.) through these different data sources to try and discover patterns. For example, we want to look at how many of these mentally ill individuals who have been booked at ACRJ have also been homeless, or how many of them have also received services from Region Ten. We then want to look at characteristics such as their education level, annual income, proximity to treatment, and substance abuse history in relation to which aspects of the criminal justice system they have been involved in. Our capstone team intends to be in constant communication with these institutions throughout the project in order to help ensure that we can answer research questions that they find interesting and beneficial to their specific organizations. Creating and maintaining these relationships will take our project one step further to gain a more holistic view of the Charlottesville community and the resources that are available.

The overarching problem regarding the high number of mentally ill inmates is extremely important because our technical research aims to help these individuals receive the treatment they need without having to spend excess time in prison or jail. The “treatment” portion of this overall problem is especially worrisome because only a fraction of those who likely require treatment for mental health disorders in jails and prisons are ultimately receiving it. In previous years of this project it has been found that only 23% of those who were “screened-in” from the BJMHS were successfully provided with mental health specific services. In addition, once these individuals are released from the jail, they are given referral information about options for treatment in the community, but they are not monitored beyond that point and often end up without further treatment, homeless, or back in jail. The ultimate goal of this technical research is not to directly make recommendations to the data owners and members of the community. Rather, the goal is to provide them with accurate and actionable information that they can then

use to make more informed decisions in an effort to improve the local criminal justice system as it relates to mentally ill inmates.

Analyzing the Assessment of Mental Illness in Jails and Prisons

How have the instruments for assessment of mental illnesses administered in jails and prisons evolved in order to accurately identify inmates with severe mental illnesses?

Introduction

The increase in those who are severely mentally ill in the criminal justice system is a growing problem in the Central Virginia region and society as a whole. It is estimated that the prevalence of mental disorders in adults is two to four times higher for those who are incarcerated in jails and prisons than for those who are not (Ford, Trestmand, Wiesbrock, & Zhang, 2009). The past researchers who have worked on the same technical project have found that of those individuals who are screened in on the BJMHS, only about 20% are successfully linked to mental health services. Similar research has found that the use of a standardized screening tool such as the BJMHS will help police officers and health professionals at jails not only better identify mental illnesses in inmates, but also help provide them with professional mental health services (Basksheev, Ogloff & Thomas, 2012). The issue regarding the lack of linkage to treatment for mentally ill and incarcerated individuals has led me to pursue researching the different instruments that are used to determine the presence of a severe mental illness in jails. The goal in exploring this is to understand how these assessments have evolved and how their evolution has resulted from the interactions of different stakeholders, which will ultimately help ensure accurate determination of severe mental illness in inmates.

Background and Theoretical Framework

The overwhelming presence of mentally ill inmates in jails and prisons not only in Charlottesville, but in the United States as a whole has been thoroughly investigated and researched in the past. My technical research builds no a project that has been going on for over 10 years, and that previous work has shown that inmates with severe mental illnesses are disproportionately represented in local jails. One of the main issues at hand regarding the instruments for mental health assessment is the participation in the assessment itself. In our past technical research, we have found that at the ACRJ only about 56% of the inmates during the study period were administered the BJMHS, despite the efforts of the jail to screen all inmates. This is particularly problematic in jails since mental health screening is much less common upon entry to jails than it is in prisons. By the year 2000, nearly 70% of state and federal prisons had mandated screening procedures for all inmates, but this same standard does not seem to hold up in the jails (Ford, Trestmand, Wiesbrock, & Zhang, 2009). In addition to the issue of lack of administration rate, there is also the issue of false negative results. One study that took place in Connecticut in 2003 evaluated the same screener (the BJMHS) and found that 35% of women

received false negative results, which poses a large issue in helping these women receive treatment (Ford, Trestmand, Wiesbrock, & Zhang, 2009). Literature and studies such as these illustrate the different screening methodologies used in jails and prisons and highlight their results and some of their potential issues. I plan to use these different studies in my research to evaluate the assessment of mental illness and how these methods have evolved.

Evidence/Data Collection

Through my STS research I plan to conduct a literature review on the different screening instruments for severe mental illnesses. My goal is to look at the different methods for screening severe mental illnesses that have been implemented in jails and prisons and how they have evolved over time. Specifically, I want to evaluate the Brief Jail Mental Health Screener (BJMHS), the Correctional Health Screen for Men (CMHS-M), the Correctional Health Screen for Women (CMHS-W), and the Jail Screening Assessment Tool (JSAT). Evaluating these different methods will help highlight the importance of their accuracy in linking mentally ill inmates to treatment. The sources that I plan to analyze in my review will evaluate these different mental health screeners and their accuracy of predicting mental illness for inmates in jails and prisons. Evaluating different assessments from different time periods will demonstrate how the assessments have evolved and how this has resulted from the actions of different stakeholders. I will need to understand the different assessment tools in order to appropriately review them and analyze their development and prevalence over time.

Methods/Data Analysis

In order to analyze the evolution of mental health screenings in jails and prisons through my literature review, I plan to make a timeline of the different instruments that have been implemented and their frequency of use. In order to analyze these different assessments, I will treat each of them a black box. This means that the instrument's inner workings are not analyzed but instead only their inputs and outputs are known. By laying out the different assessments as black boxes in chronological order, I can begin to look at what different forces or events led to their reopening or replacement. These events or forces could be historical shifts such as potential controversial topics or discoveries by scientists or engineers that lead to their reopening. It is my goal to better understand the factors that have driven the implementation and development of these instruments. Conducting analysis by treating each of the assessments as a black box will not only highlight their evolution and what events involving stakeholders led to their changes, but also can help illustrate any improvements to their accuracy and even linkage to treatment. This approach will also help highlight the mutual shaping between the mental health screening techniques and society. The reasoning behind the choice of assessments and the attitudes and debates around these instruments are both ideas that I hope the black box methodology will illustrate in terms of mutual shaping. The major agents in the society being shaped/shaping this piece of technology are the administrators of these screenings, whether they be officers in jails or

prisons or mental health professionals, inmates participating in the assessments, decision makers in jails and prisons regarding mental health screenings, and developers of the instruments.

Conclusion

At the completion of my STS research I want to have a clear understanding of the different screening techniques that have been used in jails and prisons to identify severe mental illnesses. I will evaluate these instruments' progression over time, both in terms of accuracy and prevalence in jails and prisons. Through these findings I hope that the impact of mutual shaping between these screening technologies and the mentally ill population comes to light. The analysis and research conducted in the STS portion should also address the larger problem at hand which is the treatment of the mentally-ill inmate population. By better analyzing the screening methods administered in the criminal justice system, individual's linkage to treatment based on the results of these assessments can also be better understood. This connects to my technical research since through my capstone project I hope to better explain which characteristics of those incarcerated individuals that screen in on the BJMHS are common among different individuals and how we can use this knowledge to improve their linkage to treatment. It is my hope that through my STS and technical research severe mental illness and the incarcerated individuals it impacts can be more accurately identified and characterized and their linkage to treatment can be increased.

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