

Analyzing the Assessment of Severe Mental Illness in Jails and Prisons

A Research Paper
in STS 4600
Presented to
The Faculty of the
School of Engineering and Applied Science
University of Virginia
In Partial Fulfillment of the Requirements for the Degree
Bachelor of Science in Systems and Information Engineering

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April 10, 2020

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Introduction

Prior to the 1950's, the mentally ill population was largely treated in state and public hospitals throughout the United States. However, this changed during a period titled deinstitutionalization that began in the 1960's, which refers to the process in which individuals who were being treated for mental illness in state/public hospitals were released to be cared for by community-based facilities (Aderibigbe, 1997). The goal of this movement was to prevent the hospitalization of these individuals and instead have them use community-based services. There were several different motivations behind this movement, some of which have been identified to include humanitarian and economic concerns. Many perceived the treatment that mentally ill individuals were receiving in hospitals as inhumane and the idea was that community-based treatment facilities would solve this issue and provide better services than the public hospitals could.

Ever since the period of deinstitutionalization though, 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). Patients are often criminalized, or placed in the criminal justice system, rather than receiving mental health services from community resources, and this is one of the consequences that has resulted from deinstitutionalization. Conservative estimates suggest that at least 10-15 percent of incarcerated individuals suffer from a severe mental illness, which is defined as either schizophrenia, bipolar disorder, or severe depression. This number is over three times that of the entire U.S population who suffer from the same severe mental illnesses, and with the highest incarceration rate in the world, the United States criminal justice systems do

not have the resources to treat these individuals (Aderibigbe, 1997). Based on the reasons presented here, it is essential that a brief screening assessment be administered to incarcerated individuals in jails and prisons so those with severe mental illnesses can first be identified and then eventually referred to treatment through community resources.

This research will explore how the instruments used to assess for mental illnesses in jails and prisons have evolved in order to accurately identify inmates with severe mental illnesses. The Brief Jail Mental Health Screen (BJMHS), is a specific screening instrument has become widely used in the United States today and can serve as a case study to analyze these sorts of assessments. The intention is to explore the motivations behind this instrument's development and how it has evolved alongside the change in society's general knowledge and acceptance surrounding mental illness. By analyzing these two main components, the evolution of the BJMHS and the general public's attitude towards mental illness, insights can be drawn in order to determine how assessments such as the BJMHS can help ensure incarcerated individuals receive the mental health treatment that they need and how the public's knowledge and acceptance of mental illness influences these developments.

Severe Mental Illness in the Criminal Justice System

The disproportionate number of individuals with severe mental illnesses in jails and prisons across the United States poses a serious problem for both the criminal justice systems and the individuals suffering from severe mental illnesses. The incarcerated population that suffers from severe mental illness is rarely able to receive any mental health services while serving time in jail or prison. One study indicated that less than 60% of jail inmates who were identified as mentally ill received treatment while in jail (Ditton, 1999). Another study found that

inmates with severe mental illnesses are three times as likely to be sexually victimized while in jail or prison (Wolff et. al, 2007). Statistics such as these indicate the risks that individuals with severe mental illnesses are faced with when they end up in the criminal justice system. There are also challenges posed to the jails and prisons who hold these individuals, mainly due to over-incarceration and the fact that these inmates drain the jails of resources and money. Incarcerated individuals with severe mental illnesses are overrepresented in the criminal justice system, especially in jails, and this comes at a large cost to jails. Since many jails are funded by local budgets, they already have limited financial resources, and these individuals put an even larger strain on these (Scheyett et al., 2009). Due to the challenges this situation poses to both the individuals suffering from severe mental illnesses and the criminal justice system, measures must be taken in order to help these individuals receive treatment outside of jails and prisons.

Development of the Brief Jail Mental Health Screen

One step towards helping to ensure these individuals receive treatment includes the development of instruments to screen for severe mental illness to be administered in jails and prisons. The American Psychiatric Association has recommended that at a minimum, all jails in the United States provide their inmates with a mental health assessment/screening, a referral to services, and an evaluation of their mental health. Prior to 2002, the mental health screeners that jails administered to their inmates varied widely, ranging from one single question to a full clinical analysis (Goldberg & Higgins, 2006). These sorts of assessments developed by jails and criminal justice systems themselves may not have been subject to validity testing and thus could have been producing false results. In addition, some of these assessments were very costly and time consuming, both of which are valuable resources to criminal justice systems. Thus, at the time, jails and prisons were in need of a brief screener that was cheap, easy to administer and

also could obtain accurate results. This motivation was taken to action by the National Institute of Justice (NIJ), which is the research agency of the U.S. Department of Justice, who created two brief, free mental health screeners, one of which is the aforementioned BJMHS (Goldberg & Higgins, 2006). The BJMHS is an instrument that assesses incarcerated individuals and attempts to identify those who may have a severe mental illness. It only takes about 2-3 minutes to administer and includes only 8 questions that the individual must respond to.

If an individual “screens in” on the BJMHS, it means that they have indicated in their responses that they are at risk of having a severe mental illness and they should be referred to mental health services. This referral does not necessarily mean that the individual who screens in will receive mental health services, it just indicates to jail officials that they require further mental health assessment. This referral process was the focus of a 2009 study by Scheyett, Vaughn, & Taylor, and they found opposing responses: some jails indicated that they refer the individual to a mental health provider upon release, and others responded saying that they never perform such referrals. The reasons for the lack of referrals by these jails who did not help refer their inmates included high inmate turnover and low staffing issues (Scheyett et al., 2009). In summary, if an individual’s BJMHS results indicate that they should be referred for treatment, this does not necessarily mean they will receive it, it is up to the jails to refer the individual to mental health services in the community. This STS research paper aims to explore the history of the BJMHS’s development and the growth of its use throughout jails and prisons in the United States. This exploration will be done alongside the analysis of how society’s knowledge and acceptance of mental illness has changed, which will be developed in the discussion section.

STS Framework

The goal of my research is to not only analyze and explore the Brief Jail Mental Health Screen as an instrument used to assess for severe mental illness in jails and prisons, but also to frame this tool in a sociotechnical context. The sociotechnical context will be provided primarily through understanding the ways in which the BJMHS was developed and how it has changed over time. Analyzing the development and evolution of a piece of technology has an inherent mutual shaping aspect. As a piece of technology changes, it impacts society, and this technological change is an important part of what societies need to actively shape in return (MacKenzie & Wajcman, 1999). In this case the BJMHS, or the piece of technology, and society's knowledge and conception mental illness cannot be viewed as sole entities, but as a combined system that impact one another. This is the fundamental framework that I will be using in order to analyze the BJMHS. By examining the BJMHS using the concepts of mutual shaping, it will help explain the different social motivations behind its development, evolution, and how society's knowledge and acceptance of severe mental illness have impacted and been influenced by this technological development. The framework will also highlight how relevant social groups have attempted to resolve the larger problem at hand regarding the excess number of mentally ill inmates in jails and prisons.

Methods

My research question is: Have the instruments used to assess mental illnesses in jails and prisons evolved due to the changes in public conception of mental illness? This question will be analyzed using STS theory in order to better understand the motivation for the development of these screening instruments, how they have evolved over time, and how this evolution has changed as the public's knowledge and conception of mental illness has shifted. In order to conduct this analysis, there are two main subjects of my research. The first is the BJMHS,

there are several other similar screening instruments used in the United States jails and prisons; however, this paper focuses on the BJMHS due to the research that has been done regarding its validity and its widespread use across the country. In researching the BJMHS, I will look at previous studies and examine the following: the details and motivation behind its development, the spread of its use (i.e. how widespread it is used throughout the country), the general accuracy of the instrument, and any changes or alterations that have been made to it. This instrument will serve as a case study to analyze how screening assessments have developed and evolved as the issue surrounding severe mental illness in the criminal justice system has continued to grow and incarceration has continuously proven to be an issue in the United States. The second subject of my research is surrounding the issue of the public conception of mental illness. In order to address this in my research, I will analyze secondary sources regarding the public conception of mental illness from the 1960's during the period of deinstitutionalization to more current sources from the 2000's in order to gauge how the public conception of mental illness has changed throughout the decades. By analyzing several resources regarding both of these different subjects of research, comparisons can be made between society's conception of mental illness and the development of assessments used in jails and prisons to screen for mental illness.

The current literature surrounding this research topic mainly deals with the development and validation of the BJMHS. There have been several studies done on the validation of the BJMHS, the alterations that have been made to the assessment, and its use across jails throughout the country. These studies will be analyzed in order to better understand the instrument itself and provide relevant context. My work will fill the gap by analyzing these previous studies in a sociotechnical context by exploring the history of the BJMHS's

development and the growth of its use in parallel with the changes in the public conception of mental illness.

The Development, Evolution, and Prevalence of the Brief Jail Mental Health Screen

There were two main motivations behind the development of what is known today as the Brief Jail Mental Health Screen (BJMHS). The first was the American Psychiatric Association's (APA) Guidelines for Psychiatric Services to Jails and Prisons that was written in 2002. The APA guidelines identified the need for all inmates to be screened to identify whether or not they could be at risk for a severe mental illness. Specifically, the APA recommended a universal screening tool that could be administered quickly and cheaply by officials at the jail during the normal booking process (Steadman & Robbins, 2007). The second main motivation was from the Council of State Governments (CSG) who established the Criminal Justice/Mental Health Consensus Project in 2002, which was also in response to the issues that have been addressed regarding the amount and the treatment of mentally ill inmates. The goal of the project was to provide recommendations to the federal government as well as local and state governments regarding policy surrounding the treatment of severely mentally ill individuals in jails and prisons (Thompson et. al, 2003). One of the specific recommendations from the project that referenced its consistency with the APA Guidelines was that every inmate should receive a mental health screening as a part of the standard booking process ("Criminal Justice/Mental Health Consensus Project.", 2002). The project recognized the need for a brief and consistent screener that could be done for every person booked into the jail, and also acknowledged that at the time there was no consistent or validated assessment being used across different jails.

Both of these motivating groups, the APA and the CSG, influenced and eventually led to the development of the BJMHS in 2002. The BJMHS actually stemmed from a different

instrument titled the Referral Decision Scale (RDS) that included 14-questions and was developed for the same reason as the BJMHS; however, several researches had concerns and questioned the validity of certain questions included in the RDS and whether they were appropriate for incarcerated individuals. In response to these concerns, the BJMHS was developed with funding from the National Institute of Justice (NIJ) initially as an even briefer screener than the RDS that only contained 8-questions and also had clearer language than the RDS (Steadman, 2005). One of the initial validity tests done on the BJMHS was done on a sample of all individuals admitted to four county jails, two in New York and two in Maryland from May 2002 to January 2003. Over this time period 10,330 individuals had valid BJMHS screening results and of this number, 11.3% had positive results, indicating that they require a referral for mental health services. The results of this study indicated that about twice as many women had positive results than men did (Steadman, 2005).

In the initial validity tests, it was found that women had a much higher false-negative rate of 34.7% compared to 14.6% for men. As a result of the high false-negative rate among women, modifications were made to the BJMHS to create a new tool, the BJMHS-R, that contained three additional questions. Another study funded by the NIJ was then conducted over an 8-month period from November 2005 to June 2006 in two jails in New York and two in Maryland to test the new BJMHS-R. The results of the study of 10,258 individuals produced positive results for 21.8% of individuals indicating their need for a referral to mental health services. The increase in the percentage of positive results was accompanied by findings of much higher false-positive rates for both men and women, which is why this new version of the screener, the BJMHS-R, referred more individuals, 21.8%, than the previous version, the BJMHS, which referred 11.3% of individuals. In addition to high false-positive results associated with the BJMHS-R, when it

was put through the same testing as the BJMHS and the results were compared, the study came to the conclusion that the additional questions included in the BJMHS-R did not substantially improve the results. The study then concluded that the BJMHS was still a very effective tool as it could be implemented easily and without much training to officers who administer it (Steadman & Robbins, 2007).

In addition to its development and evolution, the use of the BJMHS throughout the United States should also be considered. A recent study published by the Journal of Forensic Medicine Forecast was conducted from 2014 – 2018 in an attempt to determine the utilization of the BJMHS in the United States. Researchers reached out to over 3,124 jails in the United States and received responses from 695 jails. The study then asked each of these 695 jails if they screen their detainees for mental illness and if so, whether or not they use the BJMHS. Of these remaining jails, 614 (88.3%) indicated they perform some sort of screening on their inmates and 180 (29.3%) indicated they use the BJMHS. This finding indicates that the BJMHS is used in 30% of the jails in the United States that have reported they screen for mental illness. In addition to its prevalence, the process of screening for mental illness in general has also increased across the United States jails from only about 75% in 1997 to over 88% in 2014 (Callahan, 2018).

Public Conception and Knowledge of Mental Illness

Instruments such as the BJMHS have not always existed for several reasons, one being the fact that mass incarceration was not always as large of an issue as it is now. In addition, this could have been due to the lack of public knowledge and negative stigmatism towards individuals suffering from a severe mental illness. During the time period in which deinstitutionalization began, the public conception of mental illness was largely a negative one. Studies during this time period have indicated that when Americans were asked to describe the

term mental illness in their own words, they often used terms associated with danger and unpredictability. In addition to the attitudes towards mentally ill individuals, many had similar negative opinions of the doctors caring for the mentally ill. The same work indicates that professionals who treated mental illness were viewed in a much more negative light than other types of doctors (Phelan et. al, 2000).

There were some indications of improvement in the public conception of mental illness in the late 1990's as compared to the opinions held towards the beginning of deinstitutionalization movement. In 1996, the General Social Survey was conducted in order to gauge opinions from the public regarding mental illness and compare them to earlier research that was done in the 1950's. By comparing these two different studies, it was determined that there was some improvement in the public conception of mental illness from 1950 to 1996 in terms of the public's knowledge of the causes of mental illness. In 1950, many believed that mental illness was caused by negative relationships between child and parent, which is deemed by many professionals as untrue. In the follow-up study done in 1996, it was determined that most Americans had a more accurate understanding regarding the causes of severe mental illness. This understanding was the idea that mental illness is caused by a combination of stressful circumstances and genetic/biological factors, not the way someone was raised (Link et. al, 1999). The improvement in the general public's understanding of the causes of mental illness is a positive sign because this could indicate that the education and awareness regarding mental illness had increased over the decades. However, the same study indicated that when compared to the study done in 1950, the public still perceived the severely mentally ill as dangerous and violent, and that this sentiment may have even increased since the study done in the 1950's (Phelan et. al, 2000).

A more recent study that was done from 1990 – 2003 in the United States focused on the attitudes of the general public towards mental illness and the treatment for it. This study indicates that the number of individuals who were comfortable seeking professional help for their mental illness increased from 1990 to 2003 (Mojtabai, 2007). This is the same timeframe in which the BJMHS was developed, which may indicate that as research and technological development surrounding mental illness and its treatment increased, so did the sentiment towards it and the comfort in speaking about the subject.

Discussion

By examining the two main components of my research: the development and evolution of the BJMHS and the evolving knowledge and acceptance of society regarding mental illness, in parallel, insights can be drawn regarding the connection between the sentiment towards the mentally ill and the development of assessments used to detect severe mental illness in jails and prisons. The negative perceptions society had regarding mental illness from the 1950's to the late 1990's, specifically the association of mentally ill individuals with violence, are consistent with the fact that there were no standardized screening tools for mental illness. These negative attitudes held by the public were also extremely discouraging to researchers and professionals treating mental illness. The discouraging sentiment among research professionals caused by the attitudes of the public towards individuals with mental illnesses may have also contributed to the lack of screening tools, as well as the limited research surrounding mental illness in jails. Although the results of the follow-up 1996 study indicate potential better education regarding the causes of mental illness, this knowledge still seemed to be associated with a negative association of mental illness with violence. This association between mental illness and violence by the

general public may have contributed to the lack of development of any method or screening tool for this population and could be the reason so many of these individuals ended up incarcerated.

In the early 2000s', there were several movements that may have impacted or motivated the development of the BJMHS. One of the movements that influenced the development of the BJMHS was the guidelines set by the APA. These guidelines indicate a movement made by a scientific organization that led to the technological development of an instrument used to assess for mental illness. The motivation behind the development of the BJMHS illustrates how influences from organizations and groups in society can impact technological change, and that the BJMHS cannot be analyzed as a sole entity, but must be looked at in regards to society's influence upon it. The BJMHS has gone through several different iterations which have all been motivated by groups and organizations. The transition from the development of the RDS to the BJMHS was motivated by a group of researchers who expressed concerns with the questions of the RDS in regards to whether they were appropriate for inmates. This alteration indicates the influence of stakeholders, such as researchers, on the development of screening assessments for mental illness. Another iteration that was performed on the BJMHS, the BJMHS-R, was a modification that was made in order to improve the accuracy of the test on women. The motivation behind this change was again due to researchers involved with the NIJ determining that the BJMHS was less accurate for women than it was for men. Modifications that have taken place such as these once again indicate the influence society, and more specifically research groups and organizations, have on the evolution of the BJMHS and mental health screeners in general. These motivations by members of society may indicate more knowledge and awareness of mental illness in general as efforts by researchers and professionals increased in the 2000's in regards to the screening instruments.

The process of screening for mental illness in individuals has increased across the United States jails from the late 1990's to 2014. Additionally, the attitudes towards mental illness have also increased from 1990 – 2003, which is indicated by the increase in the number of individuals that felt comfortable seeking professional help for their mental illness. When these two different ideas are analyzed in parallel, several insights can be drawn. One of these could be that the increase in comfort level regarding speaking about and admitting to having a mental illness may be indicative of greater societal acceptance of mental illness. In addition, the increase in the use of the BJMHS and mental health screening processes for inmates in general may indicate an increase in the public's knowledge and awareness of mental illness.

Though the BJMHS has been iterated and developed into a widely used tool throughout the United States, there still is no universal tool used to screen for mental illness in jails across the country. Though progress has been made in regards to the development of screening instruments to be used in jails and prisons, it is still an issue that there is no universal tool. The lack of a universal tool poses risks to the incarcerated individuals with severe mental illnesses, since without a screening instrument they cannot be accurately identified and eventually referred to treatment. Reasons behind the lack of a universally developed instrument could be due to the lack of knowledge surrounding severe mental illness, the prevalence of negative connotations associated with mental illness, or a lack of resources or some central administrative structure to address this issue.

Conclusion

The Brief Jail Mental Health Screen has developed and evolved alongside the change in the public's opinion and knowledge surrounding mental illness. The BJMHS has gone through

several different iterations and alterations that have been motivated by researchers in society. As society has become more knowledgeable surrounding the topic of severe mental illness, improvements and changes to technologies such as the BJMHS have simultaneously occurred. This analysis indicates why the BJMHS and society's knowledge and opinion regarding mental illness cannot be viewed as sole entities, but as a combined system that impact one another. In addition, these developments and changes to the BJMHS, as well as the extensive research surrounding it, indicate the improvement in the concern and awareness society has towards severely mentally ill inmates. The fact that there is still no universal screening tool used to assess for severe mental illnesses in incarcerated individuals is a serious social issue that has not been fully solved. However, the BJMHS is a great start, as it is cheap, easy to administer, and widely used throughout the United States. Hopefully as the knowledge and awareness surrounding individuals with severe mental illness continues to increase, so will the evolvement of instruments such as the BJMHS in order to help ensure incarcerated individuals with severe mental illness are adequately identified and eventually treated for.

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