

## **Thesis Portfolio**

Evaluating Administered Differences of Brief Jail Mental Health Screener and Impacts of  
Diagnoses & Treatment of Linked Inmates with Severe Mental Illness  
(Technical Report)

Law Enforcement and Mental Health: How U.S. Policing Responds to Mental Illness  
(STS Research Paper)

An Undergraduate Thesis

Presented to the Faculty of the School of Engineering and Applied Science  
University of Virginia • Charlottesville, Virginia

In Fulfillment of the Requirements for the Degree  
Bachelor of Science, School of Engineering

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Spring, 2022

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Thesis Prospectus

## **Sociotechnical Synthesis**

Mental illness is an increasingly growing issue within the United States, ranging in severeness from anxiety to bipolar disorder and schizophrenia. Unfortunately, much of the population can agree to the general consensus that getting access to mental health treatment is far more difficult than physical health treatments, due to multiple social and monetary barriers. Monetary come in the form of lack of funding for resources or costs for the patient themselves. Social stigma is stark against those who are suffering from mental illness, classifying them as crazy, dangerous, violent, etc. As a result, many of those suffering are dealing with these conditions unaddressed. Often times 911 is the first point of contact when experiencing or reporting a mental health crisis of any degree, and police departments are dispatched to address it. In the past decade, U.S. police departments have become first responders to mental crisis calls because of the reasons aforementioned, and are expected to handle these cases adequately and efficiently, with minimal structural change in terms of trainings, resources, and tools. Many are ill-prepared and just recently have strategies been enacted to aid in this process.

Because of police departments becoming increasingly involved in the mental health scene, a growing number of inmates are found to be suffering from mental illness. The Department of Justice created a Brief Jail Mental Health Screener (BJMHS) comprising of 8 questions that are meant to test for diagnostic symptoms of severe mental illness or therapeutic evidence of past or current treatment for mental illness. No real code of conduct has been developed in terms of administering the screener, and as with most innovations, demographics do impact the results of the screener, be it direct or indirect. Charlottesville in particular attempts to match inmates who have screened-in to local mental health services. Current practices need to be evaluated for success and to better tailor the policies that the Regional Jail Board is making.

The sociotechnical research evaluates the two most prominent strategies being used in this space now: Crisis Intervention Trainings (CIT) and mobile crisis teams; it explains what they both are, how they are used, and effectiveness in terms of economics and how well received they are in society. There is a long way to come structurally in terms of being able to properly provide the resources and treatment needed for those with mental illness, and these strategies will not be effective without these larger systemic shifts. Regardless, they've been received well and imply promising outcomes for the future of mental health in the U.S. By conducting this analysis on the economic and societal impacts of CIT and mobile crisis teams, a centralized and chronological evaluation of the current intersection of U.S. Policing and mental health has been developed. Discovery that neither CIT for police officers nor mobile crisis teams comprised of mental health specialists individually will be totally efficient in directly reducing the proportion of inmates suffering from mental illness. However, together and with more funding and allocation of resources, the ultimate goal of remediating the broken system of access to mental health care can start to be fixed. The growing numbers of inmates with mental illness is a by-product of the larger problem at hand.

The capstone research, supported by the Jefferson Area Community Criminal Justice Board, is the continuation of a decade of research into the intersection between mental illness and incarceration in the Central Virginia. The primary goal was to evaluate the efficacy of the BJMHS used by the region's two jails to determine whether an inmate needs further mental health evaluation following their release. Data was obtained from both jails: the Albemarle Charlottesville Regional Jail (ACRJ) and the Central Virginia Regional Jail (CVRJ), as well as two community programs that provide services to former inmates, Offender's Aid and Restoration (OAR) and Region Ten Community Services (R10). The BJMHS was found to

predominantly identify people who had already received treatment. The screener's effectiveness was also found to vary by the location it was given and by the recipient's demographics: Females tended to make up a statistically significantly larger proportion of the screened-in population than expected, and black individuals a smaller proportion. When people took the screener multiple times at different locations (ACRJ, CVRJ, or OAR) and were changing their answers to therapeutic questions, they were more likely to acknowledge they were previously hospitalized for mental health treatment at OAR than they were at either jail. Additionally, of the cohort of inmates screening in multiple times at ACRJ, it was found that as their number of arrests increased, so did the proportion of the group that screened in and group that matched with R10. The findings of this paper will be used to improve the screener process and ideally increase its ability to correctly identify those who require mental health services.

Working on both of these projects simultaneously provided the unique ability to view things from the lens of the starting point and trying to divert those suffering from being incarcerated unnecessarily, but also from the perspective of, once incarcerated, what can be done from here. Both are valuable to better understand and properly structure solutions to the issue from both the start and from internally. The sociotechnical problem was more social policy-based, while capstone was heavily focused on data analytics and how data and findings can be used in evidence-based decision-making models, again ultimate for policy changes. Having used both together to unravel U.S. policing, the justice system, and mental health's intersections helped to extract the most holistic results and conclusions.