

Mental Health Screening and Evaluation Within Prisons

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Current national standards and/or guidelines for correctional mental health care programs emphasize the importance of various levels of mental health screening and evaluation that should be performed by qualified personnel on all inmates as part of the admission process to a prison. The authors describe the results of a study that included data from all 50 state departments of corrections regarding prison mental health screening and evaluation models. The vast majority of states appear to have adopted some variation of the most recognized guidelines and/or standards (e.g., American Psychiatric Association, National Commission on Correctional Health Care, American Public Health Association) concerning correctional health care systems. Results are also provided concerning the use of standardized psychological tests and informed consent issues.

There were 883,593 prisoners in federal and state correctional institutions within the United States during December 1992.¹ Recent studies report that rates of significant psychiatric or functional disabilities among prison inmates range from eight to more than 19 percent.²⁻⁴ The formation of adequate health care systems in prisons was accelerated during the late 1970s as the result of successful class action lawsuits. These suits, initiated by inmates, included the issue of providing constitutionally adequate psychiatric services in prisons. At least

20 states have been involved in such litigation.⁵

There are numerous sets of standards for correctional health care programs that have been promulgated by national organizations in order to improve correctional health care systems. The most useful current guidelines and/or standards for mental health services in prisons have been published by the American Public Health Association (APHA),⁶ American Psychiatric Association (APA),⁷ and the National Commission on Correctional Health Care (NCCHC).⁸

All of the standards emphasize the importance of various levels of mental health screening and evaluation that should be performed by qualified personnel on all inmates as part of the admission process to a prison. For example, the APA task force report on psychiatric services in jails and prisons

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defines three types of mental health screening and evaluation.

1. Receiving mental health screening consists of observation and structured inquiry designed to assure that the newly admitted prisoner, who may require mental health intervention as a result of mental illness or developmental disability, is referred for mental health evaluation and is placed in the proper living environment. The screening questions should be printed on a standard form and used as an evaluation tool by a qualified mental health professional or by a trained correctional officer at the time of admission to the correctional facility.
2. Intake mental health screening should take place within seven days of admission to a prison or reception center and consist of a more detailed, thorough, and structured mental health examination that is administered to all recently arriving prisoners as part of the facility's admission process. This type of screening should be part of the standard medical screening evaluation and should be performed by a member of the health care staff.
3. Mental health evaluation is a comprehensive mental health examination that is appropriate to particular suspected level of mental illness or mental disability. A mental health evaluation is performed by an appropriately trained mental health professional in response to referrals from a screening procedure, custodial staff, or self-referral. It is recommended that the evaluation or an appropriate alternative response should be provided within 24 hours from the time of referral.⁷

NCCHC standards also require receiving screening, similar to the receiving mental health screening recommended by the APA report, to be performed by qualified health care personnel on all inmates immediately upon their arrival at the prison. Qualified health personnel are defined as physicians, dentists, and other professional and technical workers who by state law engage in activities that

support, complement, or supplement the functions of physicians and/or dentists, and who are licensed, registered, or certified as is appropriate to their qualifications to practice; further, they practice only within their licenses, certification, or registration. The NCCHC standards additionally require a postadmission mental health evaluation of all inmates by qualified mental health care personnel within 14 calendar days of admission. This postadmission mental health evaluation should include:

1. A structured interview by a mental health worker in which inquiries into the following items are made: history of psychiatric hospitalization and outpatient treatment; current psychotropic medications; suicidal ideation and history of suicidal behavior; drug usage; alcohol usage; history of sex offenses; history of expressively violent behavior; history of victimization due to criminal violence; special education placement; history of cerebral trauma or seizures; and emotional response to incarceration.
2. Testing of intelligence to screen for mental retardation. The standards specifically recommend the use of group tests of intelligence or brief intelligence screening instruments that should be followed, when appropriate, by a comprehensive, individually administered instrument such as the Wechsler Adult Intelligence Scale-Revised.
3. Qualified mental health personnel are defined to include physicians, psychiatrists, dentists, psychologists, nurses, physician assistants, psychiatric social workers, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.⁸

APHA standards require the initial medical screening to include questions relevant to detection of psychiatric problems and require a mental health evaluation by a professional sensitive to the

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mental status and possible mental illness of the inmate to supplement the complete medical examination of every inmate.⁶

Court decisions and/or consent decrees generally mandate some form of mental health screening as part of attempts to design constitutionally adequate prison mental health treatment systems. For example, a systematic program for screening and evaluating inmates in order to identify those who need mental health treatment was ordered by the court in *Ruiz v. Estelle*⁹ as one of six basic components of an adequate correctional mental health system.

There are a variety of models that can be used to establish an adequate mental health screening and evaluation process. The model used has important implications for the mental health system related to needs assessment issues and management of limited resources. Variations in these models involve whether all inmates receive mental health screening and/or evaluation as part of the admission process, the credentials and/or training required for personnel providing mental health screening and/or evaluations, the use of psychological testing as part of the assessment process, and whether the assessment results are used only for health care purposes or also for correctional classification reasons (i.e., determining security levels). Historically, psychological evaluations were used predominantly for correctional classification purposes before the development of adequate correctional mental health care systems. Such evaluations were usually performed by psychologists

working at a reception and diagnostic center that served as an entry point into the correctional system. The development of adequate prison mental systems resulted in mental health screening and evaluation by health care professionals occurring in reception and diagnostic centers for purposes of appropriate referral for mental health treatment in contrast to reasons related to correctional classification.

For this study, a brief survey instrument was designed to collect more accurate data regarding prison mental health screening and evaluation models used within departments of corrections (DOCs) throughout the United States.

Methods

A cover letter and four-page questionnaire, consisting of 11 questions, were sent during November 1992 to each state director of correctional mental health services in the United States. A follow-up letter was sent to nonresponders during January 1993, and telephone contact was made during the summer of 1993 with those who did not respond to the follow-up letter. We eventually received responses to our questionnaire from all 50 states.

The survey included four questions addressing issues related to mental health screening and evaluations as defined by the 1989 APA task force report. Questions were also asked concerning the use of standard psychological tests as part of the admission process and how the results of such tests, if they were administered, were used.

Results

Forty-five (90%) DOCs provided reception mental health screening for inmates newly admitted into the DOC. Such screening was performed by either nurses or other health care professionals in the majority of DOCs, although correctional officers were among the personnel providing reception mental health screening in 12 departments. Four of the five states not providing reception mental health screening administered standard psychological tests or provided intake mental health screening to all newly admitted inmates. Only one state did not provide any type of mental health screening or evaluation to newly admitted inmates.

Twenty-five (50%) DOCs provided intake mental health screening for all recently arrived prisoners; twenty-one (42%) provided such screening to some recently arrived prisoners; and four (eight %) DOCs did not provide intake mental health screening. Intake mental health screening was performed by either a psychiatrist, psychologist, or other mental health professional in virtually all the DOCs, although five states allowed other health care professionals to perform such screenings. In 11 (22%) states, only psychologists performed intake mental health screening and in six (12%) states only other mental health professionals performed such screening exams. More than half of the DOCs performed mental health screening within seven days of the inmate's admission.

Seventeen (34%) DOCs performed mental health evaluations on all newly

admitted inmates; 31 (62%) performed mental health evaluations on an as-needed basis; and two (four %) DOCs did not have access to such services. These evaluations were most frequently performed by psychologists, although it was not uncommon for either a psychiatrist or another mental health professional to conduct such an evaluation.

Thirteen (26%) DOCs provided reception mental health screening, intake mental health screening, and mental health evaluations to all newly admitted inmates to the correctional system. Forty-three (86%) states provided reception mental health screening for all inmates newly admitted to the DOC, intake mental health screening (either to all or some newly arrived inmates) and mental health evaluations (either to all or some newly admitted inmates). Intake mental health screening or mental health evaluations were performed on all newly admitted inmates in 29 states. Intake mental health screening and mental health evaluations were performed on all newly admitted inmates in 13 DOCs. Therefore, intake mental health screening, mental health evaluations, or both types of assessments were performed on all newly admitted inmates in 42 (84%) DOCs.

Twenty-nine (58%) DOCs administered standard psychological tests to all newly admitted inmates, 11 (22%) administered such tests to selected inmates, and 10 (20%) did not administer standard psychological tests to newly admitted inmates. The most commonly administered tests included some combination of the Minnesota Multiphasic

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Personality Inventory (MMPI-2), Bender-Gestalt, Wide Range Achievement Test (WRAT), and Revised Beta-2.¹⁰⁻¹³ Standard psychological tests were predominantly used for mental health screening and/or evaluation purposes, although 17 (34%) DOCs also used results of psychological testing for correctional classification purposes and 23 (46%) DOCs used test results for other purposes such as parole evaluations. Only eight of these 17 states provided the inmate with either written or oral notice that the test results were not confidential. Three of the 17 DOCs administered psychological testing for classification purposes only. Review of policies and procedures sent by many of the DOCs in response to the questionnaire concerning the use of psychological tests also revealed that some states were using test results for correctional classification purposes despite providing a negative response to the pertinent question on the questionnaire regarding this subject.

In 47 (94%) DOCs, an inmate's psychiatric condition impacts directly on his/her placement in a particular correctional facility. The inmate's psychiatric condition impacted directly on correctional placement in all the DOCs that administered standard psychological tests either to all newly admitted inmates or to selected inmates.

Discussion

Mental health screening and evaluations are important for a variety of reasons from the perspectives of the correctional classification system, mental health system, and the individual in-

mate. Mental health evaluations and/or standard psychological testing have historically been used for security classification purposes, although the validity of using such results for predicting security risks accurately is unproven. Mental health systems have established screening and evaluation procedures in order to identify inmates requiring mental health treatment and to provide appropriate treatment on a timely basis. A mental health screening and evaluation procedure can also form the basis for an ongoing needs assessment process that can facilitate the establishment of an adequate mental health system, because system wide planning can be based on actual documented needs in contrast to speculative ones. The inmate has an obvious interest in this process because the results should affect his/her level of mental health treatment received, and often will impact on classification status that will have implications for housing, work, and program assignments.

Virtually all DOCs provide reception mental health screening or prompt intake mental health screening to all newly admitted inmates. The vast majority of DOCs use health care professionals to provide reception mental health screening.

Forty-two DOCs provide some combination of intake mental health screening and/or mental health evaluations for all newly admitted inmates. Only four DOCs did not provide any type of intake mental health screening, and only two DOCs did not have access to mental health evaluation services. Thus, the vast majority of DOCs appear to have

adopted some variation of the guidelines and/or standards published by the APHA, APA, and/or NCCHC.

Thirteen (26%) DOCs have exceeded the recommendations of the APA task force by providing all three types of screening/evaluations to all newly admitted inmates in the correctional system. Nine of these DOCs also administered various types of standard psychological tests to all newly admitted inmates, and four of these DOCs administered such tests to selected inmates. Seven of these DOCs used psychological test results for mental health services purposes only, and the remaining six states used such results for both mental health services and classification purposes. Further information concerning the correctional mental health systems of these 13 DOCs would be required in order to determine whether such comprehensive mental health screening and evaluation of all newly admitted inmates was justified from a cost benefit perspective.

The routine use of standard psychological tests to all newly admitted inmates appears to be a common practice within DOCs. Test results were predominantly used for clinical purposes. The use of such test results for classification purposes with the apparent lack of informed consent in the majority of the states using results for classification purposes is a cause of concern, but not particularly surprising. It is not unusual for a DOC to have psychologists employed at individual prisons (including reception and diagnostic units) whose primary function is related to custodial

issues such as security classification. These psychologists are frequently referred to as institutional psychologists. It would not make sense to require informed consent from inmates in order to be classified for security purposes. However, providing information to the inmate regarding the nature of the tests and how the results will be used would likely result in better participation by the inmates and lead to more valid results. Inmates, during the reception and diagnostic intake process, are generally very anxious, frightened, and suspicious. Providing relevant information to them during this process may decrease some of these symptoms and may provide them with a more positive introduction to the mental health system.

The risk of not following these recommendations is that inmates may have a very negative experience with the involved mental health professionals that could generalize to the correctional mental health staff. Many inmates, especially those newly admitted to a DOC, have little understanding concerning the distinction between an institutional psychologist and a mental health professional whose primary mission is to provide mental health screening, evaluation, and/or treatment as part of the correctional health care system. There is a significant potential for blurring of roles and damaging the credibility of the mental health correctional program when information is not provided concerning psychological testing which is administered for correctional classification purposes. Informed consent should be obtained when psychological testing

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is administered for clinical care reasons. As with the 13 DOCs that provide comprehensive mental health screening and evaluation of all newly admitted inmates, it would be useful to design a study to determine whether the routine use of standard psychological tests for all newly admitted inmates is justified from a cost benefit perspective.

There are several limitations to this study and analysis of results. First, large correctional systems (greater than 20,000 inmates) have very different needs and resources than do the smaller systems. During 1982, there were 11 DOCs with inmate populations over 20,000, including four DOCs with inmate populations ranging from 46,000 to over 100,000.¹ Thus, mental health screening and evaluation procedures used for the majority of correctional systems within the United States may not be appropriate for the largest correctional systems and vice versa. In addition, the number of DOCs using psychological testing for classification purposes may be underestimated by the survey results based on the previously described discrepancy noted regarding this area.

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