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## Brief Jail Mental Health Screen Utilization in U.S. Jails

Callahan LA\* and Noether CD

Department of Criminal Justice, Policy Research Associates, Inc., USA

### Abstract

The Brief Jail Mental Health Screen (BJMHS) is a validated 8-item screen that can be administered by corrections or treatment staff to identify mental health problems among male and female jail detainees. This study surveyed 3,124 jails across the U.S. to determine if the jail screens for mental illness; if yes, what screen they use; and if they use the BJMHS, how it is used and views of its utility. There are 695 (22%) unduplicated jails in the sample ranging in capacity from 5 to over 5000. The survey found that 614 (88.3%) jails screen for mental disorder, and 180 (29.3%) use the BJMHS. The screen is most likely to be administered at booking, which was one intention of the screen's development. Respondents positively viewed the BJMHS as assisting in identifying jail detainees with mental illness and in making housing decisions. The BJMHS can be downloaded here: <http://www.prainc.com/resources/criminal-justice/>.

**Keywords:** Mental health screening; Criminal justice; Jail behavioral health; Brief jail mental health screen

### Abbreviations

BJMHS: Brief Jail Mental Health Screen; NIJ: National Institute of Justice; AJA: American Jail Association

### Introduction

The Brief Jail Mental Health Screen (BJMHS) was developed in 2002 by researchers with funding from the National Institute of Justice (NIJ) to assist jail staff in identifying detainees who need referral to mental health services for assessment and treatment. The 8-item screen was validated in 2002-2003, correctly identifying 74% of the males and 62% of the females [1]. Four items were added to the BJMHS (BJMHS-R) in an attempt to increase the accuracy of identifying women detainees who needed further mental health interventions in the jail. The re-validation study, again funded by NIJ, found improved classification accuracy for the 8-item BJMHS for both males (73% to 80%) and females (62% to 72%). The 12-item BJMHS-R showed no improvement in classification accuracy for males (72%) and little improvement for females (66%) with the added items [2]. Further, Loudon and colleagues [3] validated the BJMHS with probationers and found that overall the tool correctly identified 77% of probationers with mental health disorders, and performed equally well with males and females. A number of validation studies have been conducted in other countries including New Zealand [4,5], Australia [6], the Netherlands [7] and Switzerland [8].

While there has anecdotal evidence that the BJMHS is widely used in U.S. jails, just how extensively it is used, when and by whom it is administered, and if it is viewed as a valuable tool in jail administration has been undocumented. The research reported here provides the results of a recent survey conducted with all U.S. jails to answer these questions.

### Materials and Methods

A list of all U.S. jails that contained demographic and contact information for each was obtained from the American Jail Association (AJA) in July 2014. We eliminated any jails that had a rated capacity or listed population of 0 and any duplicates, resulting is a list of 3,124 jails. An email was sent to the identified contact person at each jail, explaining the purpose of the study with a link to a Survey Monkey 25-item questionnaire regarding the BJMHS. After several follow-up messages, each jail that had not responded to the survey was subsequently contacted by telephone by trained graduate-level research interns to obtain verbal answers to the survey. These follow-up calls were concluded in May 2016. When an individual at the jail was reached by telephone, the interviewer asked to speak with someone "who knows something about the mental health screening process for incoming inmates during the booking process at your facility". If a voice message was left explaining the purpose of the call and the survey, information was given on how to complete the online survey.

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#### \*Correspondence:

Callahan LA, Department of Criminal Justice, Policy Research Associates, Inc., USA.

**E-mail:** [lcallahan@prainc.com](mailto:lcallahan@prainc.com)

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These two efforts combined for a final sample of 695 unique jails included in the survey for a 22% overall response rate.

We asked the professional position of each respondent, and 295 (42.4%) were Administrative Staff such as Warden or Captain; 301 (43.3%) were Custody Professionals such as Booking Officer; and 99 (14.2%) were Clinical Professionals such as Social Worker or Nurse. We used the AJA's data to determine the official capacity of each jail; the average jail capacity was 331+/-660.1 and the median was 121. The jails in our study included 196 (28.2%) "very small jails" (50 or fewer capacity); 114 (16.4%) "small jails" (51-99 capacity); 186 (26.8%) "medium jails" (100-249 capacity); 144 (20.7%) "large jails" (250-999 capacity); and 55 (7.9%) "mega jails" (1000 and larger capacity). These categories were the same as those utilized in a study by Steadman and Veysey [9] in which they surveyed U.S. jails regarding mental health services, including screening.

This study was reviewed and approved by the federally-assured Policy Research Associates, Inc. Institutional Review Board.

## Results

Respondents were first asked if their jail screens detainees for mental illness; 614 (88.3%) responded that they do. Among those 614 jails, at least 180 (29.3%) report using the BJMHS. The BJMHS is in the public domain, which makes an actual enumeration of its use impossible to determine as its origin becomes obscured. Some jurisdictions have incorporated the questions into a comprehensive behavioral health intake tool. Auto Mon LLC, a proprietary community corrections software company, is incorporating the BJMHS into their mental health screening options in 2016. Georgia and Texas mandate its state-wide use, so jail staff may simply consider it the "state-mandated" screen. Other jails may reprint the screen on their own agency letterhead. Among the 590 (96.1%) jails that screen for mental disorder and provided information regarding their screening tool(s), there is a significant difference as to the size of the jail and whether or not they use the BJMHS. Larger jails are more likely than smaller jails to report using the BJMHS. Among the jails in this survey, 42 (25.1%) of very small jails, 24 (26.4%) of small jails, 48 (28.6%) of medium jails, 44 (37.6%) of large jails, and 22 (46.8%) of mega jail report using the BJMHS ( $X^2=11.96$ ,  $df=4$ ,  $p=.018$ ).

The BJMHS was developed so that corrections staff, such as the booking officers, could administer the screen with little or no training which is consistent with the survey. The results show that in 37 (90.2%) of the very small, 23 (100%) of the small, and 40 (87.0%) of medium sized jails, correctional officers administer the BJMHS, compared with only 22 (56.4%) of the large and 6 (28.6%) of the mega jails ( $X^2=47.96$ ,  $df=4$ ,  $p<.001$ ). This is likely in large part a reflection of the availability of clinical staff in the larger jails to conduct screenings. Also interesting to note is that among the jails that currently use the BJMHS, 52 jails (32.9%) adopted it within the first year (2005) of its publication, including 10(55.6%) of the mega jails. In our sample and 83 jails (52.5%) started using it within three years (2005-2007).

Because of the ease of the administration of the BJMHS, an inmate can be screened multiple times with little additional staff time involved. There are a number of reasons why the screen might be administered a second time, such as changes in the detainee's condition, transfer, or discharge planning being among the possibilities. Among the jails that administer the BJMHS, 45 (27.8%) responded that it is administered a second time. Interestingly, when it is administered a second time, it is frequently done by a clinician

( $n=35$ , 77.8%), regardless of jail size.

A tool such as the BJMHS is only valuable if it is seen as such by the corrections officials. We asked respondents to what extent (0=not at all, 4=extremely) they view the BJMHS as being "useful to identify people with mental health needs"; as "assisting with jail housing decisions"; and as "assisting in discharge planning". We compare the questions' means by the three respondent categories using ANOVA, and there are significant differences for two of the three questions. Treatment Providers had the highest evaluation of the usefulness of identifying people with mental health needs followed by Custody Supervisors and Administrative Staff ( $F=4.06$ ,  $df=2$ , 163,  $p=.02$ ). Similarly, Treatment Providers were most likely to view the BJMHS as assisting in housing decisions followed by Custody Supervisors and Administrative Staff ( $F=3.21$ ,  $df=2$ , 163,  $p=.04$ ).

## Discussion and Conclusions

This study found that 88% of U.S. jails that responded to this survey screen for mental health disorder, the same percent of jails that reported screening for mental disorder in an earlier study in 1997 [9]. We found improvement among very small jails; in 1997, 75% reported screening for mental disorder, and we found that 88% now do. There was a slight decline in reported mental health screening in each of the remaining capacity categories ranging from -2% (medium) to -9% (small and large).

The BJMHS is a valid screen for mental health issues and is being used in at least 30% of U.S. jails that screen for mental disorder. Overall, the BJMHS has been shown to be a valuable screening tool in jails. In those jails that use the screen, nearly all jails screen every person at booking. It is a further endorsement that nearly two-thirds of responding jails adopted the BJMHS in the first three years from development and are still using it up to 11 years later. The conclusion that it is useful or helpful in identifying mental health needs persons being booked into jails across the country and in assisting with housing designations further suggests that it is a valuable tool. While larger jails tend to rely on clinicians to administer the screen, smaller jails count on corrections officers to administer it at booking or shortly thereafter (within 24 hours).

This study has limitations that could contribute to the underreporting of mental health screening in jails and use of the BJMHS. First, the respondents might be unaware that mental health screening is incorporated into other standard booking procedures. Second, booking officers may be unaware if the screening is routinely conducted by another professional entity such as part of a clinical assessment. Third, because the BJMHS is in the public domain, some jurisdictions have incorporated the screening questions into an overall assessment without attribution, so respondents may not know the origin of the 8-item instrument. Overall, the BJMHS has been shown to be a valuable and widely-used tool to screen for mental illness in jails, and these findings suggest that the BJMHS is viewed by jail administrators as an easy screen to include in their booking process and should be widely considered as an addition to the intake process in facilities in which it (or another mental health screen) is not utilized.

The BJMHS was developed with the intent of creating a useful and easy tool for jails to screen for mental disorder in detainees at the time of booking, preferably to everyone so that booking officers are not responsible for making a decision about who may or may not have mental health problems.

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