

The Brief Jail Mental Health Screen (BJMHS)



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What it IS...

- A mental health screen developed by the Policy Research Institute with a grant from the National Institute of Justice
 - Validated in a study that included 10,330 inmates at 4 jails in NY and MD
 - Considered “state of the art”
- Assesses incoming detainees for the possibility of serious mental illness such as schizophrenia, bipolar disorder, and major depression.

What it IS...

- ❑ Focuses primarily on *present* symptoms rather than history, which tends to overestimate need for referral
- ❑ Efficient
 - Contains 8 Y/N questions
 - Designed for use by officers with little to no mental health training at booking
 - Takes less than 3 minutes

What it IS...

- Refers ~11% of detainees for further mental health assessment (by nurse, mental health worker)
- Officers who used the form felt that it helped to remind them to look for “red flags”

What it is NOT...

- ❑ Not a replacement of your current booking questions
- ❑ Not a replacement of your suicide and substance abuse assessments
 - A supplement with a few direct questions about serious mental illness
 - It's about having MORE information
- ❑ Not a replacement of officer discretion
 - May send up red flags suggesting need for further evaluation
 - May pass the screen, but *behavior* may indicate to the officer that they still need to be seen

What it is NOT...

- Not trying to make you a mental health professional
 - Does not guarantee that the detainee has a mental illness
 - Does not identify everyone with a need for mental health services
 - Does not identify the specific mental illness a detainee has
 - Rather, identifies a possible need for further mental health assessment

BJMHS #1 and #2:

Positive Symptoms (Delusions) of Psychosis

1.) Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your mind?

- Assesses the common, delusion of *control* – specifically, thought *insertion* and thought *withdrawal*

2.) Do you currently feel that other people know your thoughts and can read your mind?

- Assesses the common delusion of *mind reading*

BJMHS #3:

Vegetative Symptom of Mood Disorders / Psychosis

3.) Have you currently lost or gained as much as 2 pounds a week for **several weeks without even trying?**

- Assesses weight gain/loss (i.e., change in appetite), a common vegetative symptom of acute mood and psychotic episodes

BJMHS #4 and #5:

Behavioral Symptoms of Mood Disorders/Psychosis

- 4.) Have you or your family/friends noticed that you currently much more active than you usually are?**
- Assesses excessive energy and/or psychomotor agitation, a behavioral symptom of mania or psychosis
- 5.) Do you currently feel like you have to talk or move more slowly than you usually do?**
- Assesses psychomotor retardation, a behavioral symptom of depression or psychosis

BJMHS #6:

Affective Symptom of Mood Disorders

6.) Have there currently been a few weeks when you felt like you were useless or sinful?

- Assesses affective symptom of depression
- Can reach a psychotic, delusional level

BJMHS #7 and #8:

Mental Health Treatment

- 7.) Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems?**

- 8.) Have you *ever* been in a hospital for emotional or mental health problems?**

BJMHS Section 3: *Officer's Comments*

- Language barrier
- Under the influence of drugs/alcohol
- Non-cooperative
 - Describe in blank beside "Other-specify"
- Difficulty understanding question
 - Describe perceived reason beside "Other-specify"
- Other-specify
 - Record any other relevant information

BJMHS Referral Instructions

- If “yes” to #7 (current medications); OR
- If “yes” to #8 (hospitalization); OR
- If “yes” to 2+ of #1 through #6; OR
- If you feel it is necessary for any other reason
- THEN refer for further mental health evaluation
 - Jail-specific referral process
 - “Mental health evaluation” may merely mean having the nurse review the form
 - Do NOT need to refer for hospitalization

Suggestions for Administration

- Many jails already ask questions similar to certain items on the BJMHS (e.g., medications, hospitalizations)
 - Don't need to ask again if already asked in standard booking questions
 - Just record the answer on the BJMHS
- Don't need to ask them in the given order
 - Often better to ask less sensitive questions first
 - BUT also don't want to leave especially sensitive questions until the end

Suggestions for Administration

- For example, I might administer in this order:
 - #7 (meds) & #8 (hospitalizations)
 - #3 (weight)
 - #6 (sinful/useless)
 - #1 (control)
 - #2 (mind reading)
 - #4 (active)
 - #5 (slow)
- It's about finding what's comfortable for YOU

Discussion

- Limitations of self-report
 - Some will *overreport* – e.g., think they will get better treatment if they agree to the items
 - Some will *underreport* – e.g., individual with mental illness may not want to draw attention
 - Not perfect, but the best we have
- Effects of substance abuse
 - Important factor to consider
 - Important to have it recorded in *Officer's Comments* section